

COMPETENCIES FOR NURSING ASSISTANTS:

A CURRICULUM GUIDE

Adapted and revised to meet the requirement for Nursing Assistants preparing for employment in various structured health care setting through postsecondary, short-term, professional-technical education programs and high school programs.

Note: This curriculum guide contains the *Nursing Assistant Skills Objectives*. However, it does not include *Rater's Guidelines for Evaluating the Manual Skills Competency of Nursing Assistants in Idaho* document. Please contact the Idaho Board of Nursing at (208) 334-3110 for access to the "Raters Guidelines."

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Responsibilities

Authority to approve Statewide Curriculum Guides and major revisions rests ultimately with the Idaho State Division of Professional-Technical Education. The Administrator of the Idaho Division of Professional-Technical Education has responsibility for all required coordination being accomplished prior to approval and is designated as the approving authority for minor revisions to Statewide Curriculum Guides. Each Statewide Curriculum Guide has a Technical Committee that is responsible for identifying the purpose, prerequisites, length, resources, intended outcomes, and content of the course in relationship to industry-wide standards. Oversight of the Technical Committee process rests with the respective Program Managers of the Idaho Division of Professional-technical Education. Many others eventually participate in the creation and on-going maintenance and revision of Statewide Curriculum Guides besides Technical Committee members. Additionally, this curriculum is presented to the Idaho State Board of Nursing for approval.

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Acknowledgements

The 2001 version of Competencies for Nursing Assistants reflects a state wide effort to gather input for changes from registered nurses concerned about and involved in training of nursing assistants.

Special appreciation is extended to the registered nurses who generously gave their time to review the curriculum and provide valuable information and suggestions for the 2001 revision. The following group of peer reviewers contributed to the revision.

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We gratefully acknowledge the assistance of Jennifer Weeks in typing this Curriculum.

COMPETENCIES FOR NURSING ASSISTANTS

Competencies for Nursing Assistants, has been revised to meet the requirements of preparing nursing assistants through post-secondary, short-term, professional-technical education programs, and high school programs. The curriculum is designed to provide behavioral learning objectives for instructors and learners on basic competencies for nursing assistants.

Program Parameters

The curriculum is divided into two sections; didactic classroom objectives and skill laboratory objectives. Additionally, it is required the learner spend time in a clinical facility, outside of the classroom hours. The didactic classroom time and skill laboratory sections each contain 10 corresponding units.

There are two additional modules (Home Care and Acute Care) available through the Idaho Division of Professional-Technical Education. These additional units are not included in the newly revised curriculum.

The minimum total completion time for classroom and laboratory work in the basic curriculum is 80 hours. The amount of time required in a clinical facility is 40 hours.

Goals of the Instructional Program

The goals of the instructional program contained in this curriculum are:

1. To introduce the learners to the health care field of nursing assisting.
2. To provide learners with experiences in the classroom and in the clinical area that result in development and practice of basic competencies required for nursing assistants.
3. To provide the learner with training required by P.L. 100-203, Omnibus Budget Reconciliation Act (OBRA), of 1987.
4. To provide consistency in the quality of basic nursing assistant education throughout Idaho.
5. To allow development of alternative models of instruction such as an Internet based course.

The Competency Approach to Learning

The curriculum is based on fundamental nursing assistant competencies. A competency is a job-related activity or performance. A person is considered competent when he/she can safely and effectively perform the required activity, following accepted standards of care. Nursing assisting is composed of many competencies based on knowledge, attitudes and/or hands-on skills. Learners will participate in the development of all areas through this program. Learners will know in advance what competencies are to be learned, how well they must be learned, and in what conditions they are to be learned. Learners must be provided many opportunities to practice competencies prior to the evaluation portion of the class.

Evaluation

Mastery of the theory portions is evaluated by written exams. The learner is required to pass exams with 80% or better accuracy.

Mastery of the skills performance (in the laboratory setting) must be demonstrated with 100% accuracy.

To enable students to meet these requirements during the course, retakes of quizzes and tests are permitted. However, based on institutional discretion, it is recommended that retakes are limited to three attempts. Then remediation should be required, as determined by the instructor/institution.

Challenges may be permitted according to the policies of the educational institution and/or Idaho Board of Nursing. Information about the nursing assistant program is available at the Idaho Division of Professional-Technical Education and Board of Nursing's web sites: <http://www.pte.state.id.us>; <http://www2.state.id.us/ibn/ibnhome.htm>.

Certification of Completion

Each individual who successfully completes the program shall be issued a certificate of completion by the sponsoring post-secondary professional-technical school or high school. The schools work in cooperation with the Idaho Division of Professional-Technical Education. The certificate means only that the learner has successfully completed the nursing assistant course of study. If either of the additional modules, acute or home care is included, the certificate must reflect this additional learning. Learners are required to pass a skill exam and a written exam. The skill exam must be passed before the learner can register for the written exam. Both portions of the exam (skill and written), may be taken three times before remediation is required. Type and length of remediation shall be determined by institutional policies.

Idaho Board of Nursing
NURSING ASSISTANT TRAINING PROGRAM STANDARDS

1. Administration
 - a.* Training programs and competency evaluation programs shall be administered through one of the six area Professional-Technical Schools or a participating high school.
 - b. Training programs may be offered at a variety of locations, but all programs must be administered through the nearest Professional Technical School or high school.
 - c. Each Professional-Technical School and high school must designate a qualified registered nurse to oversee the training programs and competency evaluation programs.
 - d. Facilities that are used for the clinical training component must be approved by the Board of Nursing.
2. Instructor Qualifications
 - a.** Primary Instructors for training programs administered through Professional Technical Schools must be certifiable as professional-technical education instructors to teach in approved programs. They must be a registered nurse who has a minimum of three years of work experience as a registered nurse.
 - b. In addition to Professional-Technical Education certification requirements, Primary Instructors must have had two years of experience in caring for the elderly or chronically ill of any age.
 - c. Primary Instructors who have not previously taught the nursing assistant course must complete a “Train-the Trainer” program offered through the Professional-Technical Schools, or have completed a documented methods of instruction course that is equivalent.
 - d.** Licensed practical nurses (LPN) or professional nurses (RN), who have a minimum of two years experience in caring for the elderly or chronically ill of any age may assist with classroom instruction and skills supervision under the supervision of the primary instructor. However, any instructor who has not been approved by the Idaho Board of Nursing may not act as the primary instructor.
 - e. Persons who conduct the clinical competency evaluations shall meet the qualifications of Primary Instructor as specified in a and b above.

Additionally, they must have completed the “Rate the Rater” program offered through the State Division of Professional-Technical Education through one of the six post secondary schools.

*Nursing assistant training in high schools will be approved by the State Division of Professional-Technical Education Manager of Health Professions in collaboration with the Board of Nursing.

**Requirements in addition to OBRA requirements.

3. Curriculum Requirements

a. Basic Requirements

- 1) The standard curriculum for nursing assistant training is administered by the State Division of Professional-Technical Education and approved by the Board of Nursing and must be used.
- 2) The curriculum shall consist of a minimum of 120 hours, 80 of which shall be classroom/lab hours and 40 of which shall be clinical facility hours. (Exceeds OBRA requirements). If offered, the acute care and home care modules are an additional 20 hours of classroom and laboratory time.
- 3) Each unit of instruction shall have behaviorally stated objectives.
- 4) Clinical experience shall be selected to facilitate accomplishment of course objectives.
- 5) In facilities governed by OBRA regulation, at least sixteen (16) hours of classroom instruction shall be provided before direct involvement with a facility resident. The skills must include the following topics: communication, interpersonal skills, infection control, safety-emergency procedures, promoting residents' independence and respecting residents' rights.
- 6) Learners must not provide any services to residents for which they have not trained and been found proficient by the instructor and; Learners who are providing services to residents must be under the general supervision of a licensed nurse.

b. Clinical training component: Training programs must use a skill checklist to document students' performance of all skills taught in the program. Upon program completion, a copy of the performance record will be given to the student.

4. **Instructor and Student Clinical Ratio**
There shall be no more than ten (10) students for every faculty person in the clinical facilities.
5. **Physical Facilities**
A classroom must be provided that has the following:
 - a. A classroom must be provided that has the following:
 - 1) Adequate space for the number of students
 - 2) Adequate lighting and ventilation
 - 3) Comfortable temperature
 - 4) Appropriate audio-visual equipment
 - 5) Skills lab equipment to stimulate a facility unit
 - 6) Clean and safe environment
 - 7) Appropriate textbooks and reference materials
 - b. In agencies that are used for skills lab, learning experiences that enable students to meet the course objectives must be available.
 - c. Office space must be provided for the primary instructor's use during program operation, to include a desk, chair, and secure storage space.
6. **Program Approval and Re-approval**
 - a. Programs applying for initial approval must complete an application form prepared by the Board of Nursing and submit it to the Board office by the date specified in written communication from the Board.
 - b. Provisional approval for one year will be granted to programs that provide evidence that the standards for training programs will be met.
 - c. Programs with provisional approval must apply for full approval on a form supplied by the Board and submit such form to the Board office one- month prior to the expiration of provisional approval.
 - d. An on-site visit for program review will be made by the Board of Nursing one-year following initial provisional approval and every two years thereafter.
 - e. A self-evaluation will be completed by the program provider annually on forms provided by the Board of Nursing.
 - f. Continuing full approval will be granted annually to programs that substantially meet training program standards.
 - g. If information gathered from annual reports, from a site visit or from

other sources, indicates that a program is out of compliance with defined requirements, an unannounced site visit may be made and a warning may be issued with a time period for correcting deficiencies. If deficiencies are not corrected by the specified time, program approval will be withdrawn.

- h. Within thirty days of completion of the training program and competency evaluation, the following information for persons who successfully complete must be submitted to the Board of Nursing: Name, address, social security number, date of birth, and date of program completion, including manual skills competency evaluation.

7. Competency Evaluation Program

a. Manual Skills

- 1) Evaluation of skills competency is to be incorporated into the training program following completion of the 80 hours of classroom/lab instruction and 40 hours of clinical practice.
- 2) Only persons who met Primary Instructor requirements and who have completed rater training may conduct skill competency evaluation.
- 3) Board-approved procedures must be used.
- 4) Evaluation may be conducted at the Professional-Technical School or at the clinical training site, provided all necessary equipment is available and all approved procedures are followed.

b. Written Evaluation

- 1) All nursing assistants must write the Board-approved test.
- 2) Persons who fail the test may perform only basic care tasks until they re-write successfully.

About This Revision

History and Personnel

In August 1999 the Idaho Division of Professional -Technical Education formed a Technical Committee to address the need to revise the Idaho Nursing Assistant Curriculum. The Committee began meeting in December 1999 under the supervision of Dr. Gary Lauer, Health Professions Program Manager for IDPTE. All members of the Committee were registered nurses with experience in the Idaho Nursing Assistant training program. Members were:

Randy Goss RN, MS - Chair
Lewis Clark State College

Jolene Tucker RN, BSN
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Linda Stricklin RN, MHS
Boise State University

Jennifer Zimmerman RN, BSN
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The Committee worked closely with both Sandy Evans, Executive Director and Vicky Goettsche, Associate Director of the Idaho Board of Nursing and their assistance is greatly appreciated.

Rationale

The initial focus of the Committee was to define a model by which the Nursing Assistant Curriculum could be offered on the Internet. Having at least some portions of the course on the Internet would greatly enhance accessibility and cost effectiveness in underserved areas. After the initial meeting, the Committee recognized that the extent of modification required to convert the existing Curriculum to an Internet-compatible format would have the effect of creating a separate Curriculum. In addition, the existing Curriculum was five years old and in need of updating to reflect changes in the healthcare environment. As a consequence, the Committee refocused its efforts on revising the generic Nursing Assistant Curriculum.

Goals

- Create a generic Nursing Assistant Curriculum that reflects the contemporary health care environment and is compatible with classroom delivery as well as alternative models of delivery.
- Gain approval of the Curriculum by the Idaho Board of Nursing.
- Upon approval of the Curriculum, create an Internet based version of the theory portions of the course and a model by which the skills and clinical portions can be accomplished.
- Based on the Internet course, develop instructor and student resources that can be used regardless of the model of course delivery.

Guiding philosophy for Curriculum Revision

- The primary requirement of the Curriculum is to address OBRA guidelines and the administrative rules of Idaho Board of Nursing.
- There will continue to be only one approved version of the curriculum.
- The curriculum includes content that Nursing Assistant's must know. Additional content can be included at the instructors' discretion.
- Content that Nursing Assistants must know is developed to the fullest extent possible.
- Board of Nursing approval pertains to the content, regulations, and objectives. Instructor and student resources are educational documents that do not require Board approval.
- The curriculum must be compatible with secondary and post-secondary environments as well as classroom and alternative delivery models.

Process

- The existing curriculum was reviewed task by task by Committee members. The "need to know vs. nice to know" philosophy was applied.
- Based on mutual agreement by the Committee, each member revised assigned sections to reflect decisions made as a group.
- The Committee met periodically to review and revise.
- The Board of Nursing was informed of our process and provided input.
- The initial full draft of the document was reviewed and the language standardized.
- A draft was provided to a group of peer reviewers who geographically represented the entire state and who represented various educational and employment settings.
- The Committee considered input from the peer group and make needed changes.
- The Curriculum was submitted to the Board of Nursing for approval.

Substantive changes from the 1996 curriculum

- Theory objectives, skill objectives and the skills exam were separated into three distinct sections. Rationale – Alternative delivery requires the capacity to teach theory separate from skills. Classroom offerings can still mingle theory and skills easily.
- Some objectives were "built out" more completely. Rationale - If an objective is included, it is important to fully present it.
- Overall, the sections are similar to the existing Curriculum but some sub-sections have been relocated. Rationale - Some of the revisions led to sub-sections fitting better in different places.
- Several skills were eliminated. Rationale - The skills that were eliminated were not required by OBRA nor Board of Nursing, no longer applicable to the

workplace, or more practical to be taught in the workplace on the specific equipment available. The "theory" aspects of skills are still in the curriculum and instructors who deem it necessary to teach them as skills are welcome to do so.

- Skills check sheets were replaced by skills objectives. Rationale - A final check sheet for all skills is included in the appendix. Student progress in skills performance can be tracked with this sheet.
- The Acute Care and Home Care modules were not changed. Rationale – The scope of the Technical Committee was to revise the basic curriculum.

NOTE: Throughout this curriculum, the terms **person**, **people**, and **client** are used to identify the health care consumer. The Committee hopes the use of these terms will underscore the need to treat consumers respectfully as individuals regardless of the health care setting.

1.0 Role and Responsibilities of the Nursing Assistant in Holistic Care

A. Estimated Content Units = 41

B. Intended Outcome:

Given information about a holistic philosophy of health care, the Nursing Assistant role and responsibilities within that philosophy and information about accepting delegation, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives

1.01 Philosophy of Health Care

- a. Define terms related to philosophy, including:
 - 1. holistic
 - 2. confidentiality
 - 3. ethics
- b. State a philosophy of health care that is based on wellness, restoration, rehabilitation, and promoting independence and ethical behavior.
- c. Diagram and explain Maslow's Hierarchy of Needs as a basis for understanding the needs of health care consumers of all ages.

1.02 Nursing Assistant Role and Responsibilities

- a. Define the health care team in long-term care, acute care, and home care.
- b. Explain how the nursing assistant is a part of the team in each setting.
- c. List and explain the terms that refer to health care consumers in the various settings, including:
 - 1. patients
 - 2. residents
 - 3. clients
- d. Define the role of the nursing assistant including:
 - 1. general duties

2. to whom the NA reports
 3. responsibility for his/her own actions
 4. following instructions and prioritizing
 5. legal limitations
 6. characteristics for success
 7. ethical treatment of others and self
- e. Explain Nursing Assistant role and responsibilities to ensure client rights, including:
1. self determination of care based on appropriate information
 2. privacy and confidentiality
 3. care of personal possessions
 4. resolving grievances
 5. freedom from abuse, mistreatment and neglect
 6. sexuality
 7. promoting independence
 8. participation in activities
- f. Explain Nursing Assistant rights to a safe environment and non-abusive situations in relation to clients' rights.
- 1.03 Accepting Delegated Tasks
- a. Discuss the lines through which the Nursing Assistant may receive delegation of tasks, including:
1. direct delegation from the client
 2. delegation from a physician
 3. delegation from a Licensed Professional Nurse (RN)
 4. delegation from a Licensed Practical Nurse (LPN)
- b. Discuss how Nursing Assistant actions are regulated in Idaho through the use of the license of the RN or LPN.
- c. Discuss when the Licensed Nurse will be held responsible for the actions of Nursing Assistants, when the facility will be held responsible for the actions of Nursing Assistants, and when Nursing Assistants will be held responsible for their own actions.
- d. Review the Idaho State Board of Nursing's Delegation Decision Tree. It is available at the Board website at www2.state.id.us/ibn/ibnhome.htm

- e. Review current Idaho State Board of Nursing's Administrative Rules and Regulations regarding Nursing Assistants in Idaho, including:
 - 1. injectable medications
 - 2. PRN medications
 - 3. sterile procedures
 - 4. types of wound care
 - 5. supervisory practices
 - 6. training/educational requirements
 - 7. documentation of training

2.0 Communication and Interpersonal Relations

A. Estimated Content Units = 35

B. Intended Outcome:

Given information about spoken, written and nonverbal communication and the impact of communication on interpersonal relations, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

2.01 Oral Communication

- a. Diagram the elements in the communication process, including:
 1. sender
 2. receiver
 3. message
 4. medium
 5. feedback.
- b. Identify guidelines for effective telephone communication
 1. identify self, including title
 2. accurate note taking
 3. how to place a caller on hold
 4. maintaining confidentiality
 5. communication of messages promptly and appropriately
- c. Explain how to use verbal and nonverbal communication to establish trust and effective interpersonal relationships with people of all ages.
- d. Explain the importance of assistive devices for clients who need those devices, including:
 1. the use of the call light and prompt response to calls
 2. proper care of assistive devices such as hearing aides and eye glasses
- e. Describe active listening and its importance to effective communication and interpersonal relations.

- f. List typical observations that a Nursing Assistant can make while communicating with clients. Including:

- 1. physical
- 2. emotional
- 3. mental
- 4. social
- 5. spiritual

2.02 Written Communication

- a. Distinguish between objective and subjective information.
- b. Describe types of charting forms, including:
 - 1. flow sheet
 - 2. nursing notes
 - 3. graphics
- c. List rules of accurate and legally acceptable charting, including:
 - 1. using ink
 - 2. client identification
 - 3. time and date
 - 4. no skipped lines
 - 5. correct spelling
 - 6. how to correct errors
 - 7. not charting for others
 - 8. objectivity
 - 9. signing appropriately
- d. Explain how the care plan is developed for each client.
- e. Explain how the care plan contributes to continuity of care and how the Nursing Assistant participates in development of the care plan, including:
 - 1. reporting changes in client's physical, social, mental or emotional status
 - 2. awareness of care plan goals

3.0 Safety and Standard Precautions

NOTE: Healthcare Provider CPR is a pre or co-requisite for the Nursing Assistant class.

A. Estimated Content Units = 44

B. Intended Outcome:

Given information about body mechanics; general, fire and oxygen safety; infection prevention; and restraints, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

3.01 Body Mechanics

a. Explain the principles of safe body mechanics, including:

1. proper alignment
2. wide base of support
3. use large muscles
4. keep objects close to body
5. don't bend or twist when lifting
6. keep beds at proper working height
7. use smooth movements
8. use assistive and support devices
9. get help when appropriate

3.02 General, Fire, and Oxygen Safety

a. List and explain factors of general safety in healthcare settings, including:

1. client characteristics that impact safety
2. environmental characteristics that impact safety
3. general precautions to prevent falls and collisions
4. general precautions to prevent electrocution
5. general precautions to prevent poisoning and chemical exposure
6. purpose of a Manufacturer's Safety Data Sheet
7. emergency procedures

b. List rules of fire safety for healthcare settings, including:

1. the three elements needed for fire (heat, fuel, oxygen)
2. observing no smoking requirements
3. keeping flammable materials away from ignition sources
4. practice RACE

- a. rescue
- b. alarm
- c. confine
- d. extinguish

- c. List rules of oxygen safety for healthcare settings, including:

1. follow “No Smoking” requirements
2. keep ignition source such as smoking materials away from oxygen
3. limit use of electrical equipment
4. turn electrical equipment off before unplugging to avoid sparks
5. avoid fabrics that cause static electricity
6. eliminate as many flammable materials as possible from the area
7. post warning signs such as “No Flammable Materials”

3.03 Infection Prevention

- a. Diagram and explain the chain of infection.
- b. Define the difference between medical and surgical asepsis.
- c. Explain how the Nursing Assistant performs and promotes medical asepsis.
- d. Contrast cleaning methods used by housekeeping and those used by Nursing Assistants.
- e. Explain the requirements for Standard Precautions and transmission based precautions developed by the Centers for Disease Control and Occupational Safety and Health Administration.
- f. Explain how these requirements are effective in controlling the spread of communicable diseases.
- g. Explain drug resistant diseases and why they occur.
- h. Explain signs and symptoms of an infection, including:

1. redness
2. warmth
3. drainage
4. odor
5. pain

3.04 Restraints

- a. List the federal guidelines dealing with the use of restraints.
- b. Discuss concepts and safety issues relating to the use of physical and chemical restraints.
- c. Discuss the client's rights to be free of physical and chemical restraints.
- d. Identify what Nursing Assistants can do to decrease the need for clients to be in restraints.
- e. Explain the role and responsibilities of the Nursing Assistant when caring for people in restraints.

4.0 Admission, Transfer and Discharge

A. Estimated Content Units = 7

B. Intended Outcome

Given information on the Nursing Assistant's responsibilities regarding admission, transfer and discharge of a person to/from a health care facility, the student will master the information presented with a minimum of 80% accuracy.

C. Objectives:

4.01 Admission of a person to a facility

- a. Explain how to prepare a room for admission
- b. Explain the typical procedure for admitting a person to a room.
- c. Explain the reasons and describe the procedures for measuring a person's height and weight.
- d. Explain the care that should be given to a person's valuables, clothing and personal property.

4.02 Transferring a person

- a. Explain the typical procedure for transferring a person from one room to another.
- b. Explain the person's rights regarding transfers.

4.03 Discharging a person

- a. Explain the typical procedure for discharging a person.

5.0 Activities of Daily Living

A. Estimated Tasks to Master = 347

B. Intended Outcome:

Given information about assistance with: normal elimination, oral care, denture care, hair care, nail care, skin care, bathing, daily cares, shaving, dressing, undressing, bed making, nutritional assistance, rights related to activities of daily living and vital signs the student will be able to master the information presented with a minimum 80% accuracy.

C. Objectives:

5.01 Normal Elimination Assistance

a. Define terms related to elimination, including:

1. void
2. dysuria
3. hematuria
4. polyuria
5. nocturia
6. defecate
7. hemorrhoid
8. stool
9. diarrhea
10. micturition
11. flatus

b. List the usual times for emptying the urinary bladder, including:

1. upon arising
2. before meals
3. after meals
4. before bedtime

c. List and discuss uses of equipment used during the normal urinary elimination process

1. bedpan
2. fracture pan
3. urinal
4. bedside commode

- 5. toilet
 - d. List reasons for measuring urinary output
 - e. Discuss foods that might cause flatus
 - f. Explain considerations in hemorrhoid care including
 - 1. keep area clean and dry
 - 2. encourage fluid intake
 - 3. monitor bowel movement
 - 4. what to report
- 5.02 Oral Care Assistance
- a. Discuss routine times for oral care
 - b. List reasons for providing oral hygiene, including:
 - 1. prevents mouth odors
 - 2. prevents mouth infections
 - 3. increases comfort
 - 4. makes food taste better
 - 5. prevents cavities and periodontal disease
 - 6. medications and disease sometimes cause dry mouth and discomfort
 - 7. maintains self esteem
 - c. Describe advantages of flossing, including:
 - 1. prevention of periodontal disease
 - 2. makes person's mouth feel fresher
 - d. List times when flossing should not be performed, including:
 - 1. anticoagulant therapy
 - 2. frequent seizures
 - 3. someone who may bite
 - 4. someone who is unconscious
 - e. Explain why mouthwash should be diluted.
 - f. Discuss the equipment used in oral care.
 - g. Describe the infection control precautions to take when providing oral care.

- h. Identify observations made with oral care that should be reported to the supervising nurse, including:
 - 1. dry, cracked, swollen or blistered lips
 - 2. redness, swelling, irritation, sores, or white patches in the mouth or on the tongue
 - 3. bleeding, swelling, or redness of the gums
- i. Describe positions that are safe to provide oral care for the unconscious person.
- j. Describe the frequency of oral care required for the unconscious person.
- k. Discuss disorders of the mouth that affect oral care, including:
 - 1. yeast infections
 - 2. blood disorders
 - 3. periodontal disease
- l. Differentiate between disease processes and the normal effects of aging of the mouth.

5.03 Denture Care

- a. Explain the importance of denture care and describe measures that should be taken to protect dentures during care.
- b. Describe how dentures should be stored.
- c. Describe how to remove dentures from the person's mouth.
- d. Discuss maintaining the person's rights during denture care.

5.04 Hair Care Assistance

- a. Define terms related to hair care, including:
 - 1. pediculosis
 - 2. dandruff
- b. Describe why hair care is important and the person's right to proper grooming and hygiene.

- c. Discuss comfort and safety factors related to hair care.
- d. Describe the procedures for brushing/combing tangled hair, non-tangled hair, and curly or kinky hair.
- e. Describe what should be reported for a person with pediculosis.

5.05 Nail Care Assistance

- a. List conditions under which Nursing Assistants may not perform nail care, including:
 - 1. anticoagulant therapy
 - 2. diabetes
 - 3. severe cardio-vascular disease
- b. Discuss equipment required for nail care
- c. Explain reasons for performing nail care for people, including:
 - 1. to prevent them from scratching themselves
 - 2. to prevent infections
 - 3. to prevent foot odor
 - 4. to enhance self esteem and the right to proper hygiene
- d. Describe why a podiatrist may be needed for foot/toenail care
- e. Explain why it is important to soak brittle nails for ten to twenty minutes in warm water

5.06 Skin Care Assistance

- a. Define terms related to skin care, including:
 - 1. lesion
 - 2. pressure ulcer
 - 3. scales
 - 4. excoriation
 - 5. fungus
 - 6. dermatitis
 - 7. burns
 - 8. atrophic skin
 - 9. friction injuries
 - 10. shear injuries
 - 11. atrophy
 - 12. paresis

- b. Identify the parts of the integumentary system.
- c. List functions of the skin, including:
 - 1. covers and protects the body
 - 2. regulation of body temperature
 - 3. holds in water
 - 4. first line of defense against infection
 - 5. stores vitamins in fat
 - 6. eliminates wastes
 - 7. sensory perception
- d. List changes in the skin due to aging, including:
 - 1. atrophic skin
 - 2. brown spots
 - 3. decrease in subcutaneous fatty layer
- e. Describe observations about the skin that Nursing Assistant should make, including:
 - 1. color
 - 2. temperature
 - 3. moisture/dryness
 - 4. darkened or reddened areas
 - 5. rashes
 - 6. swelling
 - 7. bruising
 - 8. skin tears
 - 9. wounds/ulcers
 - 10. other abnormalities
- f. Describe why skin care is so important, especially in the elderly.
- g. Explain why a client's legs should not be rubbed.
- h. Explain essentials of skin care for the person who is confined to bed, including:
 - 1. change position every 2 hours
 - 2. avoid pressure areas with bedpans
 - 3. maintaining clean, dry skin
 - 4. rinse all soap off during bath
 - 5. use moisture barriers as appropriate
 - 6. positioning to relieve pressure points

7. no powders in skin folds
 8. avoidance of friction
 9. avoidance of wrinkles in linens
 10. avoidance of foreign objects in the bed
 11. strict peri care for incontinent people
- i. Explain complications of a bedridden or wheel chair bound person, including:
1. pressure ulcers
 2. contractures
 3. foot drop
 4. skin tears
 5. infections
 6. other ulcers
- j. List equipment used to prevent skin breakdown, including:
1. eggcrate mattresses
 2. sheepskins
 3. heel/elbow protectors
 4. pillows (for positioning)
 5. moisture barriers
 6. specialty mattresses
 7. wheelchair cushions
 8. wheelchair seating devices
- k. Describe the risk factors for pressure ulcer formation, including:
1. loss of sensory perception
 2. moist skin
 3. limited activity
 4. immobility
 5. friction and shear
 6. poor nutrition
- l. Explain the four stages of a pressure ulcer
1. skin color change (whiteness, redness)-stage I
 2. cracks in the skin, breakdown through skin-stage II
 3. breakdown through fatty tissue-stage III
 4. breakdown through muscle tissue-stage IV
- m. Describe factors to consider when positioning to prevent pressure ulcers, including:

1. no skin to skin contact
 2. reduce pressure to bony areas
 3. frequent repositioning
- n. Describe the purpose of a turning schedule.
- o. Review signs and symptoms of infection.
- p. Identify Nursing Assistant actions in providing simple wound care, including:
1. accepting appropriate delegation
 2. following care plan
 3. reporting changes promptly
- q. Differentiate between simple and complex wound care, including:
1. sterile vs. medical asepsis
 2. packing vs. covering wound
 3. when licensed nurse assessment is indicated
- r. Describe the importance of providing backrubs.
- s. Explain times when it is best to give backrubs.
- 5.07 Bathing Assistance

- a. Explain benefits of bathing, including:
1. maintaining cleanliness
 2. refreshing and relaxation for client
 3. stimulation of circulation
 4. opportunities for the Nursing Assistant to observe the skin
 5. self esteem and the right to proper hygiene
- b. Discuss major methods for bathing
- c. Explain the observations to make during bathing including:
1. color of skin
 2. location/description of rashes
 3. dry skin
 4. bruises or open areas
 5. pale or reddened areas
 6. drainage or bleeding
 7. skin temperature
 8. client complaints of discomfort

- d. Describe why it is important to explain the bathing procedure to the person.
- e. Explain the need to clean from clean areas to dirty areas
- f. Explain the purpose of a bath mitten.
- g. Describe the person's right to privacy and methods of providing privacy to the person during a bath.
- h. Explain the difference between a complete bed bath, partial bed bath, and perineal care.
- i. Explain safety measures when giving a tub bath or shower, including:
 - 1. fall prevention
 - 2. burn prevention
 - 3. time restrictions
 - 4. infection control (cleaning areas before beginning)
- j. Explain safety measures when giving a bed bath, including:
 - 1. prevent person from chilling
 - 2. reduce shear on skin when washing
 - 3. ensure person has all soap rinsed off and is left dry and warm

5.08 Daily Care Assistance

- a. Describe the types of care performed and when they are usually performed, including:
 - 1. offer bedpan, urinal or assist to the bathroom
 - 2. assist with washing face and hands
 - 3. assist with oral hygiene
 - 4. position in appropriate position for breakfast
 - 5. straightening client's room
 - 6. shaving
 - 7. bathing
 - 8. perineal care
 - 9. back massages
 - 10. changing gowns, pajamas or clothing
 - 11. brushing and combing hair
 - 12. grooming (including make-up for women)
 - 13. changing bed linens

- b. Explain why grooming is important to sexuality and the person's right to maintaining sexuality.

5.09 Shaving Assistance

- a. List safety measures involved with shaving, including:
 - 1. prevent cuts
 - 2. prevent infections
 - 3. prevent electrical shock if using electric razor
- b. Explain advantages and disadvantages of using a disposable razor.
- c. List the advantages and disadvantages of using an electric razor.
- d. Explain the purpose of holding the skin tight during shaving
- e. Describe why it might be important to remove facial hair for female clients as well as male clients.

5.10 Dressing and Undressing Assistance

- a. Describe clothing worn in long term care and acute care settings.
- b. List ways dressing can be made easier for the physically challenged person, including:
 - 1. loose fitting clothing
 - 2. clothes kept in an accessible place
 - 3. using hook and loop fasteners instead of buttons or snaps
- c. Describe how hemi-paresis may affect a person's ability to dress or undress him/her self.

5.11 Anti-Embolism Stockings

- a. Explain when and why anti-embolic stockings would be used.

5.12 Bedmaking

- a. Define terms related to bedmaking, including:
 - 1. closed bed
 - 2. occupied bed
 - 3. unoccupied bed

4. surgical bed
5. ordinary bed (home)
6. hospital bed
7. Trendelenburg
8. reverse Trendelenburg
9. bed cradle

- b. Explain the characteristics of a well-made bed and how they affect client comfort.
- c. Contrast disposable and washable bed linen protectors.

5.13 Nutritional Assistance

- a. Identify the basic nutrients, their function and sources, including:
 1. protein
 2. carbohydrates
 3. fats
 4. vitamins
 5. minerals
- b. Describe the Food Guide Pyramid and its purpose.
- c. Discuss factors that affect individual appetite and eating habits and the need to respect individual preferences, including:
 1. culture
 2. religion
 3. finances
 4. illness
 5. personal choice
- d. Discuss how each of the factors above may affect individual nutrition.
- e. Describe how to prepare clients for a meal in their room, and in a dining room.
- f. Describe observations to make while feeding a person and what to report.
- g. Describe precautions to be taken when feeding a person with swallowing problems.
- h. Explain how to measure and record meal time intake of solids.

- i. Describe assistive devices to promote independent eating, including:
 - 1. specially designed implements
 - 2. rounded plates with edges
 - 3. plate guards
 - 4. glass or cup holders
- j. Describe requirements for the mealtime setting and atmosphere.

5.14 Fluid Balance Assistance

- a. Describe the importance of water as a part of the diet.
- b. Define fluid balance.
- c. Convert fluid ounces to milliliters/cubic centimeters.
- d. Define intake and output (I&O).
- e. Describe the method used to measure fluid intake at meal times.

5.15 Special Diet Assistance

- a. Explain the special dietary requirements for a person with:
 - 1. diabetes
 - 2. congestive heart failure
 - 3. constipation
 - 4. NPO orders
 - 5. gall bladder disease
 - 6. bland diet orders
 - 7. pureed- (or small bite restrictions) diet orders
 - 8. respiratory disease
- b. Provide examples of each of the 7 diets listed, above.
- c. Discuss reasons for a person to be NPO
- d. Explain the progression of diet from NPO to regular diet.
- e. List observations to be made by the nursing assistant of a client receiving tube feedings, including:
 - 1. amount of feeding instilled
 - 2. how the site looks

3. speed at which the feeding flows into the stomach
4. any unusual reaction of the client (i.e.: gagging or choking)
5. positioning
6. insertion site observation

f. Describe care a Nursing Assistant can provide for a dehydrated person, including:

1. encourage fluids
2. monitor and record I&O
3. oral care

5.16 Vital Signs

a. List the four vital signs routinely taken.

1. blood pressure
2. pulse
3. respiration
4. temperature

b. Define terms related to vital signs, including:

1. febrile
2. afebrile
3. tachypnea
4. dyspnea
5. apnea
6. Cheyne-Stokes respiration
7. pulse force
8. pulse volume
9. pulse rhythm
10. pulse rate
11. hypertension
12. hypotension
13. shock
14. systolic blood pressure
15. diastolic blood pressure
16. inspiration
17. expiration
18. one respiration
19. hyperthermia
20. hypothermia
21. bradycardia
22. tachycardia

- c. Explain the anatomy and physiology, equipment, and normal findings related to blood pressure, including:
 - 1. the structure of the circulatory system
 - 2. the flow of blood through the chambers of the heart
 - 3. the function of the circulatory system
 - 4. the artery used for taking a blood pressure
 - 5. types of sphygmomanometers, including:
 - a. aneroid
 - b. mercury
 - c. electronic
 - 6. the parts of a stethoscope including
 - a. bell
 - b. diaphragm
 - c. tube
 - d. ear pieces
 - 7. the normal range of the blood pressure for:
 - a. geriatrics
 - b. adults
 - c. adolescent
 - d. children
 - e. infants
 - 8. what happens to the blood pressure when:
 - a. person exercises
 - b. person is ill
 - c. person sits or stands
- d. Explain the anatomy and physiology, and character of respiration, including:
 - 1. the structure and function of the respiratory system.
 - 2. abnormal respiratory characteristics that must be reported to the supervising nurse, including:
 - a. shortness of breath
 - b. abnormal noises with respiration
 - c. cheyne-stokes respiration
 - d. dyspnea
 - e. any deviation from the person's established normal
 - 3. what occurs with the respiration when:
 - a. exercising
 - b. illness occurs
 - 4. normal range of the respiration for:
 - a. geriatrics
 - b. adults
 - c. adolescents
 - d. children

- e. infants
- e. Explain the process of taking a pulse, including:
 - 1. sites where a pulse can be found, including:
 - a. temporal
 - b. carotid
 - c. brachial
 - d. radial
 - e. femoral
 - f. popliteal
 - g. pedal
 - h. apical
 - 2. the usual site for taking a pulse
 - 3. the difference between a regular pulse and an irregular pulse
 - 4. what occurs with the pulse when:
 - a. exercising
 - b. illness occurs
 - 5. the normal range of the pulse for:
 - a. geriatrics
 - b. adults
 - c. adolescent
 - d. children
 - e. infants
- f. Explain the process, equipment, and characteristics related to taking temperature, including:
 - 1. sites where temperatures are obtained, including:
 - a. oral
 - b. rectal
 - c. tympanic
 - d. axillary
 - 2. the most accurate site to take a temperature
 - 3. the requirements for taking a temperature in a particular site and when a site would not be used
 - 4. different types of thermometers, including:
 - a. electronic
 - b. tympanic
 - c. glass (use non-mercury only)
 - d. chemically treated
 - 5. what occurs with the body temperature when:
 - a. exercising
 - b. illness occurs

6. the normal range of the body temperature at each site
 7. normal body temperature changes associated with aging
- g. Explain what is important when reporting and recording vital signs.

6.0 Exercise and Activity

A. Estimated Content Units = 74

B. Intended Outcome

Given information about the musculoskeletal system, exercise and activity, ROM, positioning, ambulation, transfers and promoting independence, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

6.01 Musculoskeletal system

a. Explain the musculoskeletal system and its functions, including:

1. bones
2. joints
3. muscles

6.02 Exercise and activity

a. Define terms related to exercise and activity, including:

1. ambulate
2. flexion
3. extension
4. abduction
5. adduction
6. supination
7. pronation
8. internal rotation
9. external rotation
10. plantar flexion
11. dorsiflexion
12. atrophy
13. contracture

b. Explain the complications that can occur when a person is confined to bed, including;

1. muscle atrophy
2. contractures
3. osteoporosis

4. blood clots
5. orthostatic hypotension
6. poor filtering of kidneys
7. difficulty emptying bladder
8. appetite decrease
9. constipation
10. depression
11. decubitus ulcers
12. pneumonia

6.03 Range of Motion (ROM)

- a. Describe the purpose of ROM exercises
- b. Discuss general rules for performing ROM exercises

6.04 Positioning

- a. Describe frequently used positions, including:
 1. supine
 2. prone
 3. side lying
 4. sim's
 5. fowlers
- b. Explain when to avoid side lying and prone positions
- c. Describe variations in positioning
 1. semi-supine
 2. semi-prone
- d. Review equipment used in positioning, contracture prevention and decubitus ulcer prevention
 1. pillows
 2. splints/hand rolls
 3. foot board
 4. bed cradle
 5. trochanter rolls
 6. hip abduction wedge
 7. heel protectors
 8. elbow protectors
 9. special mattresses
 10. tapezes

11. wheelchair cushions

e. Describe techniques and general rules for moving a person up in bed

1. one person technique when the client is able to assist
2. two person technique

6.05 Ambulation

a. Identify the key points for ambulation, including:

1. posture and gait
2. ambulating a person with a weak side
3. ambulating a person who is blind

b. Describe ambulation with use of assistive devices

1. gait belt
2. walker
3. cane
4. crutches

c. Discuss how to protect the client and yourself if the client should begin to fall while ambulating

d. Describe what to do and what to report if a client does fall

6.06 Transfers

a. Describe transfers from bed to chair/wheelchair and back

1. standing transfer
2. using slide board
3. using mechanical lift
4. two person lift

b. Discuss transfers from bed to stretcher and back

c. Describe transporting someone

1. by wheelchair
2. by stretcher

6.07 Promoting independence

- a. Describe the Nursing Assistant role in promoting independence
- b. Discuss safety criteria to prevent injury, including:
 - 1. non-skid footwear
 - 2. locking wheels of wheelchair
 - 3. using handrails
 - 4. slowly coming to sitting or standing position

7.0 Elimination

A. Estimated Content Units = 65

B. Intended Outcome

Given information about urinary elimination and bowel elimination, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

7.01 Urinary Elimination

a. Define vocabulary related to urinary elimination, including:

1. urinary incontinence
2. urinary retention
3. concentrated urine
4. sphincter
5. catheter
6. bladder retraining

b. Describe the organs of the urinary system and their functions, including:

1. kidney
2. ureters
3. bladder
4. urethra
5. meatus

c. Describe normal characteristics of urine

d. State types of urinary incontinence and their causes, including:

1. urge
2. stress
3. mixed
4. overflow
5. functional
6. unconscious or reflex

e. Discuss potential complications of urinary incontinence, including:

1. injury

2. risk for abuse
 3. individual dignity
 4. decubitus ulcers
 5. urinary tract infection
- f. Describe the role of the Nursing Assistant in a bladder retraining program
- g. Discuss catheterization, including:
1. intermittent
 2. indwelling/retention
 3. closed drainage systems
 4. leg bags
 5. catheters as a source of infection

7.02 Bowel Elimination

- a. Define vocabulary related to bowel elimination, including:
1. peristalsis
 2. tarry stools
 3. clay colored stools
 4. occult blood
 5. enema
 6. stool impaction
 7. ileostomy
 8. colostomy
 9. diverticulitis
 10. bowel obstruction
 11. feces
 12. defecation
- b. Describe the digestive system and the functions of its components, including:
1. saliva
 2. esophagus
 3. stomach
 4. duodenum
 5. jejunum
 6. ileum
 7. colon
 8. rectum
 9. anus

- c. Describe characteristics of normal and abnormal feces
- d. Discuss bowel elimination problems, including:
 - 1. constipation
 - 2. diarrhea
 - 3. impaction
 - 4. bowel obstruction
 - 5. flatulence
- e. Describe what is important in bowel management, including:
 - 1. fluid
 - 2. fiber
 - 3. exercise
 - 4. privacy
 - 5. routine
- f. Discuss different types of enemas and how they are administered, including:
 - 1. cleansing enema
 - 2. commercial enema
 - 3. oil-retention enema
- g. Discuss causes of fecal incontinence, including:
 - 1. intestinal disorders
 - 2. nervous system diseases
 - 3. cognitive disorders
 - 4. unanswerd lights
- h. Describe possible complications of fecal incontinence, including:
 - 1. skin irritation
 - 2. UTI's
 - 3. humiliation
- i. Describe the role of the nursing assistant in a bowel retraining program

- j. Discuss uses and administration of non-medicated suppositories
- k. State why an ileostomy or a colostomy would be performed on a person
- l. Describe the care of an established colostomy

8.0 Collection of Specimens

A. Estimated Content Units = 20

B. Intended Outcome

Given information about the collection of urine specimens, stool specimens, blood and sputum specimens, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

8.01 Collection of urine specimens

- a. Name conditions for which urine specimens may be needed, including:
 1. urinary tract infection
 2. kidney disorders
 3. pregnancy
 4. diabetes
 5. drug testing
- b. Describe the collection of:
 1. random urine specimens
 2. clean catch/mid-stream urine specimens
 3. 24 hour urine specimens
 4. urine specimens from a closed urinary drainage system
- c. Identify dignity issues related to urine specimen collection

8.02 Collection of stool specimens

- a. Name conditions for which a stool specimen may be needed, including:
 1. diarrhea
 2. internal bleeding
 3. inadequate food absorption
- b. Describe the collection of a stool specimen.
- c. Explain why stool specimens for ova and parasites should be kept warm.

- d. Discuss testing for occult blood.
- e. Identify dignity issues related to stool specimen collection.

8.03 Blood and sputum collections.

- a. Describe the role of the Nursing Assistant in blood specimen collections, including:
 - 1. preparation of the person
 - 2. after the collection
- b. Describe the role of the Nursing Assistant in preparing someone for a sputum specimen.

9.0 Unsterile Warm and Cold Applications

A. Estimated Content Units = 31

B. Intended Outcome

Given information about warm applications and cold applications, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

9.01 Warm Applications

- a. Describe effects of heat on the body, including:
 - 1. dilation of blood vessels
 - 2. increased blood flow, increasing oxygen and nutrients to tissues
 - 3. removal of excess fluids from an area
- b. Identify uses for warm applications, including:
 - 1. relieve pain
 - 2. relax muscles
 - 3. promote healing
 - 4. reduce tissue swelling
 - 5. decrease joint stiffness
- c. Discuss the differences between moist and dry warm applications
- d. Discuss types of heat applications and precautions that should be taken with them, including:
 - 1. hot compresses and packs
 - 2. hot soaks
 - 3. sitz baths
 - 4. aquathermia pads

9.02 Cold Applications

- a. Describe the effects of cold on the body, including:
 - 1. constriction of blood vessels
 - 2. decreased blood flow
 - 3. reducing fluid collection in tissues

4. numbing
5. reducing body temperature

b. Identify uses for cold applications, including:

1. decrease bleeding
2. prevent swelling
3. decrease pain
4. reduce fever

c. Discuss the differences between moist and dry cold applications

d. Describe types of cold applications and their procedures, including;

1. ice bags
2. cold compresses
3. alcohol or tepid water bath

9.03 Safety Issues with the use of warm and cold Applications

- a. Describe which people are at increased risk for injury.
- b. Explain risks related to temperatures and length of application.
- c. Explain necessary observations and frequency of checks to be made during treatment.
- d. Explain the importance of maintaining the person's comfort.
- e. Discuss appropriate Nursing Assistant actions if complications occur.

10.0 Variations in Nursing Care: Special Nursing Responses

A. Estimated Content Units = 328

B. Intended Outcome:

Given information about holistic nursing and goals based on restoration and rehabilitation, the student will be able to master the information presented with a minimum of 80% accuracy.

C. Objectives:

10.01 Care of People with Rehabilitation Needs

a. Define selected vocabulary, including:

1. adaptive device
2. ADL
3. aphasia
4. cognitive
5. deficit
6. physiological
7. potential
8. prosthesis
9. psychological
10. reality orientation
11. rehabilitation
12. restoration

b. Identify Nursing Assistant attitudes needed to work successfully as a member of the rehabilitation team, including:

1. patience
2. empathy
3. hopefulness
4. sensitivity
5. promotion of independence

c. Using Maslow's Hierarchy of needs, compare the physiological and psychological needs of people with mental and physical limitations with those of people experiencing wellness.

d. Identify adaptations for people with sensory limitations, including:

1. hearing

2. vision
 3. touch
 4. taste
 5. smell
- e. Identify adaptations that promote independence for people with communication limitations, including:
1. communication boards
 2. paper and pencil
 3. electronic talking aid
- f. Identify self-care activities that promote independence and involvement, including:
1. dressing and undressing
 2. grooming
 3. eating
 4. bathing
 5. toileting
 6. mobility
- g. Describe how the rehabilitation team may help a person return to the work force.
- h. List Nursing Assistant actions in communicating with a person with speech deficits, including:
1. giving full attention to the person
 2. being familiar with the person's speech
 3. clarification of message
 4. attention to person's body language
- i. Identify Nursing Assistant responsibilities in caring for people with physical limitations including:
1. safety
 2. dignity, respect and confidentiality
 3. improving/maintaining function
 4. promoting independence
- j. List changes related to aging in each of the body systems:
1. circulatory
 2. respiratory
 3. integumentary

4. genito-urinary
5. reproductive
6. endocrine
7. gastrointestinal
8. musculoskeletal
9. nervous/sensory

k. Describe the role of family in the rehabilitation team.

10.02 Care of People with Conditions Related to the Nervous System

a. Define selected vocabulary, including:

1. alert
2. clonic
3. coma
4. dysarthria
5. dysphagia
6. lethargy
7. level of consciousness
8. orientation
9. stupor
10. tonic

b. Describe the following common disorders of the nervous system, including:

1. Cerebral Vascular Accident
2. Spinal Cord Injury
3. Epilepsy
4. Multiple Sclerosis
5. Parkinson's Disease
6. Head Injuries

c. Identify appropriate Nursing Assistant actions for the above disorders of the nervous system, including:

1. positioning
2. safety
3. elimination
4. activity
5. communication

d. Identify Nursing Assistant observations to record or report when caring for people with altered levels of consciousness, including:

1. changes in alertness
2. changes in orientation
3. changes in motor/sensory abilities
4. seizures

10.03 Care of People with Diabetes

a. Define selected vocabulary, including:

1. acidosis
2. ADA diet
3. blood glucose
4. diabetic coma
5. endocrine gland
6. hormone
7. insulin shock
8. polyuria
9. polydipsia
10. polyphagia

b. Identify the hormones secreted by the pancreas.

c. Identify the effect of lack of insulin on the body.

d. Contrast diabetes mellitus Types I and II.

e. List signs and symptoms of diabetes mellitus, including:

1. increased appetite, thirst, and urination
2. weight change
3. fatigue
4. vision changes

f. Describe signs and symptoms of hypoglycemia to report, including:

1. tachycardia
2. tachypnea
3. headache
4. hunger
5. weakness
6. change in level of consciousness
7. vision difficulties
8. sweating
9. shaking

- g. Describe basic first aid for a person with hypoglycemia.
- h. Describe the basic signs and symptoms of hyperglycemia to report, including:
 - 1. drowsiness
 - 2. confusion
 - 3. deep respirations
 - 4. thirst
 - 5. fever
 - 6. change in the level of consciousness
 - 7. sweet or fruity-smelling breath
- i. Identify Nursing Assistant actions in caring for the diabetic person, and what should be reported and recorded, including:
 - 1. serve meals and snacks on time
 - 2. limit sugar in diet, follow prescribed diet
 - 3. report change in appetite or failure to eat meal
 - 4. maintain good skin care
 - 5. inspect feet and skin daily, report any open or red areas
 - 6. avoid hot baths or heating pads
- j. Discuss glucose testing with a glucometer and what should be reported.

10.04 Care of People with Respiratory Disorders

- a. Define selected vocabulary, including:
 - 1. apnea
 - 2. asthma
 - 3. carbon dioxide
 - 4. dyspnea
 - 5. emphysema
 - 6. mucus
 - 7. nebulizer
 - 8. orthopnea
 - 9. oxygen
 - 10. sputum
 - 11. trachea
 - 12. tracheostomy
- b. Describe common diseases and disorders of the respiratory system, including:

1. Bronchitis
 2. Chronic Obstructive Pulmonary Disease (COPD)
 3. Pneumonia
 4. Tuberculosis
 5. Asthma
- c. List signs and symptoms of respiratory distress the nursing assistant will record or report, including:
1. abnormal respirations
 2. cough
 3. cyanosis
 4. fever
 5. sputum
- d. Differentiate between oral, tonsillar and tracheal suctioning.
- e. Identify Nursing Assistant actions that may be delegated when a client requires suctioning.
- f. Identify Nursing Assistant actions for persons requiring oxygen, including:
1. safety precautions
 2. oral hygiene
 3. reporting signs and symptoms of distress
 4. tubing free of kinks
 5. adequate oxygen in tank
 6. oxygen flowing at ordered rate
 7. skin care
- g. Identify two care team members responsible for starting and maintaining oxygen therapy.
1. licensed nurse
 2. respiratory therapist

10.05 Care of the People with Cardiovascular Disorders

- a. Define selected vocabulary, including:
1. atherosclerosis
 2. congestive heart failure (CHF)
 3. hypotension
 4. pulmonary edema
 5. edema

- b. Describe common diseases and disorders of the cardiovascular system, including:
 - 1. hypertension
 - 2. coronary artery disease
 - 3. angina pectoris
 - 4. myocardial infarction
 - 5. heart failure
- c. Describe risk factors for cardiovascular disease, including:
 - 1. age
 - 2. gender
 - 3. race
 - 4. family history
 - 5. obesity
 - 6. cigarette smoking
 - 7. sedentary lifestyle
 - 8. stress
- d. Describe signs and symptoms of a myocardial infarction that should be reported immediately, including:
 - 1. sudden severe chest pain not relieved by rest or nitroglycerine tablets
 - 2. pain that radiates to neck and jaw and down the arm
 - 3. other symptoms such as indigestion and feelings of doom
- e. Describe Nursing Assistant actions for the care of a person with heart disease, including:
 - 1. measure I & O
 - 2. measure vital signs
 - 3. daily or weekly weight
 - 4. application of antiembolic hose
 - 5. skin care
 - 6. follow prescribed diet/fluid restriction

10.06 Care of People with Skeletal System Disorders

- a. Define selected vocabulary, including:
 - 1. comminuted fracture
 - 2. compound fracture
 - 3. immobilize

4. laminectomy
 5. muscle atrophy
 6. orthopedic
 7. orthotic
 8. trapeze
- b. Discuss skin traction and skeletal traction
 - c. Describe the principles of traction
 - d. Identify three uses of traction, including:
 1. reduce and immobilize fractures
 2. treat muscle spasms
 3. correct or prevent deformities
 - e. List Nursing Assistant actions for the care of a person in traction, including:
 1. maintain body alignment
 2. maintain traction
 3. never adjust weights or traction
 4. follow activity plan
 5. frequent skin care
 6. report changes in pin sites
 - f. Identify the purpose of casting and types of casts that may be used.
 - g. List Nursing Assistant actions for the care of a person with a cast, including:
 1. elevate casted extremity on pillows
 2. keep plaster cast dry
 3. protect skin from rough edges
 4. maintain cast shape: support cast with palms when moving
 5. allow for even drying of a fresh cast with positioning and draping
 6. do not allow the person to insert objects into the cast
 - h. List signs and symptoms to report immediately to the nurse when providing care to a person with a cast, including:
 1. pain
 2. swelling
 3. change in skin color
 4. odor
 5. numbness

- 6. inability to move fingers or toes of casted extremity
- i. Contrast the bedmaking procedure for the person in traction to that of a person who is not.
- j. Identify nursing assistant actions for the care of a person with a hip fracture or total hip replacement, including:
 - 1. keep affected leg abducted at all times
 - 2. prevent external rotation of affected hip
 - 3. provide straight-backed chair with arm rests when the person is to be seated
 - 4. follow activity plan
 - 5. provide good skin care
- k. Identify the function of three common orthotic devices, including:
 - 1. ankle-foot orthotic (AFO)
 - 2. splints
 - 3. braces
- l. List Nursing Assistant actions for the care of a person with an orthotic device, including:
 - 1. cleaning and storage
 - 2. correct application
 - 3. skin care
- m. Identify the purpose of prostheses
- n. List Nursing Assistant actions for care of a person with a prosthesis including proper fit and storage.

10.07 Care of People who are Grieving, Dying and Deceased

- a. Define selected vocabulary:
 - 1. mottled skin
 - 2. post mortem
 - 3. rigor mortis
 - 4. terminal illness
- b. Identify legal and ethical issues surrounding death, including:
 - 1. advanced directives
 - 2. organ donation

3. resuscitation
 4. quality of life
 5. confidentiality
- c. Describe rights of the dying person, including the right to:
1. be treated as a living human being until death
 2. participate in decisions concerning care
 3. relief from pain
 4. courteous, compassionate and respectful treatment
 5. a peaceful and dignified death
 6. care from competent, caring people
 7. continuing care until death
 8. not die alone
 9. have questions answered honestly
 10. have loved ones supported emotionally by the health care team
- d. Describe the five stages of the grieving process as defined by Dr. Elisabeth Kubler-Ross
- e. List five signs of impending death, including:
1. decreased muscle tone and sensation
 2. decreased peristalsis, decreased urine production
 3. elevated temperature; cool, mottled extremities; rapid, weak pulse; falling blood pressure
 4. Cheyne-Stokes respirations, mucus accumulation in respiratory tract
 5. decreased consciousness
- f. Describe needs of the dying person and his/her family that are addressed by hospice care, including:
1. physical
 2. spiritual
 3. emotional
 4. social
- g. Identify the goal of hospice care.
- h. Describe the importance of listening and touch when providing care to the dying person.
- i. Describe nursing assistant actions to meet the needs of the dying person in each of the following areas:

1. vision and hearing
 2. personal hygiene
 3. elimination
 4. comfort
- j. Identify the purpose of post-mortem care and describe Nursing Assistant actions involved in post-mortem care.
- k. Describe Nursing Assistant actions that can be used with family members of a dying/deceased person, including:
1. respect right to privacy
 2. allow family to participate in care if desired
 3. maintain supportive and understanding environment

10.08 Care of People with Issues Related to Mental Health

- a. Define selected vocabulary, including:
1. coping
 2. dementia
 3. psychosis
 4. schizophrenia
 5. psychology
 6. psychiatry
 7. psychosomatic
 8. depression
 9. tardive dyskinesia
 10. Alzheimers disease
- b. Compare and contrast mental health with mental illness.
- c. Identify contributing factors to mental illnesses, including:
1. ineffective coping
 2. chemical imbalances in the body
 3. genetic origins
 4. drug or substance abuse
 5. social and cultural factors
- d. Identify positive and negative coping mechanisms people may use when dealing with changes in health, such as:
1. eating
 2. drinking
 3. smoking

4. exercising
 5. talking about the problem
 6. fighting
 7. taking time out
- e. Describe defense mechanisms that people may use when dealing with changes in health, including:
1. compensation
 2. denial
 3. rationalization
 4. projection
 5. regression
- f. Describe how Nursing Assistant behavior affects with the person who has mental health problems, including:
1. meeting physical needs
 2. meeting safety and security needs
 3. meeting emotional needs
 4. appropriate communication
 5. awareness of how caregivers behavior affect the person

10.09 Care of People with Dementia

- a. Define selected vocabulary:
1. agitation
 2. confusion
 3. dementia
 4. senility
- b. List causes of confusion, including:
1. disease
 2. infection
 3. reaction to medications
 4. loss of sight or hearing
 5. brain injury
- c. Differentiate confusion, dementia and senility.
- d. Describe the nursing assistant's role in providing reality orientation for a confused person including:
1. maintaining day/night cycle

2. using calendars and clocks
 3. maintaining a routine
 4. redirecting activity
- e. Differentiate between acute confusion and chronic confusion.
- f. Describe the stages of Alzheimer's disease.
- g. Identify special needs of the family caring for a person with Alzheimer's disease, including:
1. emotional
 2. physical
 3. financial
 4. social
- h. Identify Nursing Assistant actions appropriate to care for persons with Alzheimer's disease in each of the following areas:
1. environment
 2. communication
 3. safety
 4. wandering
 5. sundowning
 6. hallucinations and delusions
 7. basic needs
 8. validation of feelings
- i. Identify Nursing Assistant actions for persons who become combative, including:
1. meeting basic needs
 2. protective measures
 3. understanding how caregiver behaviors affect the person
 4. identifying person's feelings
- j. List observations the Nursing Assistant should report/record when caring for persons with dementia, including:
1. change in usual behavior
 2. change in bowel or bladder function
 3. pain
 4. fever
 5. change in appetite
 6. change in ADL's

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NOTE: The "Tasks to Master" numbers do not include tasks repeated more than once. For example hand washing is counted as one learning task even though it is repeated in many skills.

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1.0 Skills Relating to Role and Responsibility of the Nursing Assistant in Holistic Care

There are no specific skills relating to this content unit

2.0 Skills Relating to Communication and Interpersonal Relations

A. Tasks to Master = 3

B. Intended Outcome :

Given instructions on interpersonal communication, the student will demonstrate the tasks presented with 100% accuracy.

C. Tasks

2.01 Interpersonal Communication

1. Introduce yourself
2. Explain the procedure you will perform
3. Use verbal and non-verbal techniques to gain person's cooperation

3.0 Skills Relating to Safety and Standard Precautions

A. Tasks to Master = 51

B. Intended Outcome :

Given instructions on body mechanics, handwashing, and donning and removing isolation gowns, masks, and gloves, the student will be able to demonstrate the tasks presented with 100% accuracy.

C. Tasks

3.01 Body Mechanics

1. Demonstrate proper body alignment, including:
 - a. wide base of support
 - b. back straight
2. Position body close to and facing object to be moved
3. Bend from hips and knees, keeping back in alignment
4. Use large muscles (gluteals, shoulders, upper arms and thighs)
5. Use both hands and arms to lift, move, or carry heavy items
6. Carry item close to body
7. Turn whole body when changing direction (NO TWISTING)
8. Work with smooth movements, no jerky or sudden moves
9. Do not lift heavy items higher than chest level

3.02 Hand-washing

1. Turn on water and adjust temperature
2. Wet hands and wrists with fingertips pointing downward
3. Apply soap to hands and wrists (use enough to produce a lather)
4. Rub hands together in a circular motion

5. Interlace fingers and rub back and forth
6. Rub back of hands and wrists (entire process should take at least 15 seconds)
7. Clean nails by running them over soap lathered palm of opposite hand
8. Rinse wrists and hands, keeping them pointed down
9. Dry hands with clean dry paper towel keeping finger tips pointed up
10. Discard towel
11. Turn off faucet with a clean dry paper towel
12. Discard towel

3.03 Donning an Isolation Gown

1. Wash hands
2. Roll sleeves up above elbows, if needed
3. Unfold the isolation gown so the opening is at the back
4. Put your arms into the sleeves of the isolation gown
5. Fit the gown at the neck, making sure your clothing is covered
6. Tie the neck ties with a simple shoelace bow, or fasten with the adhesive strip
7. Grasp the edges of the gown at the waist and pull to the back
8. Overlap the edges of the gown, completely closing the opening and covering your clothing
9. Tie the waist ties in a bow or fasten the adhesive strip
10. Follow procedure for gloving

3.04 Removing an Isolation Gown

1. Keep gloves on and untie the waist ties or unfasten adhesive strip

2. Follow procedure for removing gloves
3. Wash hands
4. Untie neck ties or unfasten adhesive strip (do not touch neck)
5. Pull the sleeves off by grasping each shoulder of the isolation gown at the neck line on the outside of the gown
6. Turn the sleeves inside out as arms are removed
7. Hold the gown away from your clothing
8. Grasp it by the inside of the shoulder seams
9. Fold it inside out bringing the shoulders together
10. Roll the gown up with the inside out
11. Discard
12. Wash hands

3.05 Donning and Removing Masks

1. Wash hands
2. Place mask on face
3. Adjust nose piece until it fits securely
4. Tie strings securely at crown of head (or put rubber bands over head, lower one at nape of neck, upper one at crown of head)
5. Grasp bottom portion of mask and spread mask to cover below chin
6. Tie lower strings behind neck (unless using rubber band type of mask)
7. To remove mask:
 - a. remove gloves (if necessary)
 - b. wash hands
 - c. untie strings of mask
 - d. remove, holding onto strings only, and discard

8. Wash hands

3.06 Donning and Removing Gloves

1. Wash hands
2. Inspect gloves for holes and/or defects
3. Slip hand into glove
4. Work glove down to the base of the fingers for proper fit
5. Remove first glove by:
 - a. grasping it just below the cuff
 - b. pulling glove down over hand so the glove is inside out
6. Hold the removed glove with the other gloved hand
7. Reach inside the remaining glove with the first two fingers of your ungloved hand
8. Pull the glove down (inside out) over hand and other glove
9. Discard the gloves in appropriate waste receptacle
10. Wash hands

4.0 Skills Relating to Admission, Transfer and Discharge

There are no specific skills relating to this content unit

5.0 Skills Relating to Activities of Daily Living

A. Tasks to Master = 274

B. Intended Outcome:

Given instruction on: denture care, female/male perineal care, back rubs, nail care (feet and hands), oral hygiene in the unconscious patient, observing IV therapy, and measuring vital signs, the student will be able to demonstrate the tasks presented with 100% accuracy.

C. Tasks

5.01 Cleaning Dentures

1. Assemble equipment
2. Identify the person
3. Instruct person on the procedure
4. Provide privacy
5. Assist person to sitting position
6. Spread face towel across person's chest
7. Wash hands
8. Put on gloves
9. Ask person to remove his/her dentures
10. Have person place dentures in emesis basin, with a wash cloth in the bottom
11. Assist person to remove dentures, if needed
 - a. slip finger under edge of dentures and gently remove
12. Take dentures to the sink in the emesis basin
13. Line bottom of sink with wash cloth or paper towels and fill sink 1/3 full of water to guard against breaking the dentures, if dropped (be careful not to contaminate gloves).

14. Apply toothpaste or denture cleanser to the dentures
15. With dentures in your hand, brush all surfaces until they are clean
16. Rinse dentures thoroughly under cool running water
17. Fill clean denture cup (marked with person's name), with cool water and dental soaking agent, if specified in plan of care
18. Place the dentures in the cup for soaking
19. Help the person rinse his/her mouth with water or diluted mouth wash
20. Have the person replace the dentures in his/her mouth, if appropriate
21. Clean person's face as needed
22. Assist person to position of comfort
23. Clean equipment
24. Store equipment as directed
25. Remove gloves
26. Wash hands
27. Report/record

5.02 Helping a Person to the Commode

1. Wash hands
2. Collect equipment
3. Identify person
4. Position commode parallel to bed
5. Raise lid of commode
6. Explain procedure

7. Screen person
8. Assist person to sit on side of bed
9. Assure person is wearing non-slip footwear
10. When stable, apply gait belt and position person's feet for good base of support
11. Grasp gait belt with both hands at back of person
12. Assist person to stand
13. Have person pivot until aligned with commode
14. Instruct person to reach back for arms of commode
15. Move clothing out of the way
16. Have person lower self slowly to comfortable seated position
17. Assure warmth with robe or blanket
18. Place toilet tissue within reach
19. Place call light within reach. Ask person to call when ready or if assistance is needed
20. Leave room if person's condition allows
21. When person signals, return to assist
22. If person requires assistance with cleaning of perineal area, put on gloves and provide assistance. Remove gloves and wash hands before continuing
23. Offer wash cloth and towel for person to clean hands
24. Assist person from commode to bed
25. Remove footwear and robe, if used
26. Assist to position of comfort
27. Place call light within reach

28. Use side rails as ordered
29. Put on gloves
30. Cover and remove commode container from room
31. Take container to appropriate area
32. Assess contents, measure if on Intake and Output
33. Clean/disinfect container per policy
34. Replace container in commode
35. Clean commode if necessary
36. Remove gloves and wash hands
37. Return commode to appropriate area
38. Unscreen person
39. Dispose of dirty linens per policy
40. Wash hands
41. Report/record

5.03 Perineal Care-Female

Note: Some facilities may use premoistened cloths or special solutions. Use as directed.

1. Assemble equipment
2. Identify the person
3. Instruct person on the procedure
4. Provide privacy for the person
5. Raise the bed to comfortable working height
6. Lower side rail on working side, if side rails are raised
7. Cover the person with bath blanket/sheet

8. Pull top linens to foot of bed
9. Position the person on her back
10. Place waterproof pad or towel under her buttocks
11. Drape the person- (suggested method)
 - a. Place bath blanket in diamond shape with one corner between the person's legs, one corner on each side of the bed and one at person's head
 - b. Help person raise her legs with knees bent and feet flat on bed
 - c. Wrap the bath blanket corners on either side of the bed around the person's leg on that side of the bed, tucking it under their hip
 - d. Place corner of bath blanket that is between the person's legs so that it provides privacy over the peri area
12. Wash hands
13. Fill the wash basin with water, make sure temperature is appropriate
14. Uncover just enough of the peri-area to provide care
15. Put on gloves
16. Separate the labia
17. Clean downward from front to back with one stroke
18. Repeat until clean, changing to clean area of cloth with each stroke
19. Rinse and pat dry
20. Wash remainder of pubic and groin area
21. Rinse and pat dry
22. Fold the bath blanket back between her legs
23. Help lower person's legs
24. Turn person onto her side; facing away from you and wash buttocks

25. Clean the rectal area from front to back
26. Rinse buttocks and anal area
27. Pat areas dry
28. For people with indwelling catheters see procedure for cath care
29. Remove gloves
30. Wash hands
31. Assist person to position of comfort
32. Return the linens to proper position
33. Remove the bath blanket
34. Raise the side rail (if appropriate)
35. Lower bed to lowest position
36. Report/record as directed

5.04 Perineal Care-Male

Note: Some facilities may use premoistened cloths or special solutions. Use as directed.

1. Assemble equipment
2. Identify the person
3. Instruct person on the procedure
4. Provide privacy for the person
5. Raise bed to comfortable working height, with side rails raised
6. Lower side rail on working side
7. Cover the person with bath blanket/sheet
8. Pull top linens to foot of bed
9. Position the person on his back

10. Place waterproof pad or towel under the person's buttocks
11. Drape the person- (suggested method)
 - a. Place bath blanket in diamond shape with one corner between the person's legs, one corner on each side of the bed and one at person's head
 - b. Help person raise his legs with knees bent and feet flat on bed
 - c. Wrap the bath blanket corners on either side of the bed around the person's leg on that side of the bed, tucking it under their hip
 - d. Place corner of bath blanket that is between the person's legs so that it provides privacy over the peri area
12. Wash hands
13. Fill the wash basin with water, make sure temperature is appropriate
14. Uncover just enough of the peri-area to provide care
15. Put on gloves
16. Retract the foreskin, if man is uncircumcised
17. Clean the penis with circular motion. Start at the urethral opening and work outward
18. Repeat as needed, using a clean area of the cloth each time
19. Rinse with a clean cloth and pat dry
20. Return the foreskin to its natural position
21. Clean the shaft of the penis with firm downward strokes
22. Rinse all areas well
23. Clean the scrotum, pubic and groin areas
24. Rinse these areas
25. Pat all areas dry
26. Fold the bath blanket back between the person's legs

27. Help person lower his legs
28. Assist person to turn onto his side away from you and wash the buttocks
29. Clean the rectal area, from front to back
30. Rinse these areas
31. Pat area dry
32. For people with indwelling catheters see procedure for cath care
33. Remove gloves
34. Wash hands
35. Help person to position of comfort
36. Return the linens to proper position
37. Remove the bath blanket
38. Raise the side rail (if appropriate)
39. Lower bed to lowest position
40. Report/record

5.05 Giving a Bed Bath

1. Identify person
2. Explain the procedure
3. Wash your hands
4. Provide privacy
5. Gather equipment, linen and water in basin (water should be appropriate temperature)
6. Raise the side rails
7. Raise the bed to a comfortable working height

8. Adjust the bed to as flat a position as possible
9. Lower the side rail nearest you
10. Remove bedspread and place bath blanket over top sheet
11. Remove top sheet from under the bath blanket without uncovering the person
12. Remove the person's clothes
13. Place a towel over the person's chest
14. Wear gloves as needed according to standard precautions (if the care provider or person has any open skin areas)
15. Wash the eyes from the nose toward the ear, using a different area of the wash cloth for each eye. (Do not use soap on face area)
16. Wash and rinse the face, ears, and neck
17. Pat all areas dry
18. Reach under the towel and fold the bath blanket to the waist
19. Lifting the towel one part at a time, wash, rinse and pat dry the chest (observe under female patient's breasts for redness)
20. Fold the bath blanket to pubic area
21. Wash the abdomen and navel, rinse and pat dry
22. Cover the chest and abdomen with bath blanket
23. Place a towel lengthwise under the arm nearest you
24. Wash, rinse and dry the hand, arm, axilla and the shoulder
25. Raise side rail
26. Go to the other side of the bed lower side rail and repeat steps 23 and 24 on opposite arm
27. Place bath towel lengthwise under leg nearest you and wash, rinse and dry leg and foot

28. Raise side rail
29. Go to other side of bed lower side rail and repeat step 27 on opposite leg
30. Raise side rail
31. Rinse bath basin and refill with clean water
32. Lower side rail
33. Position client on hi/her side facing away from you (continue to protect their privacy)
34. Put on gloves
35. Use clean wash cloth and wash the back, the back of the neck and the buttocks. Rinse and pat dry
36. Wash, rinse and pat dry anal area, from front to back
37. Rinse bath basin, remove gloves and refill basin with clean water
38. Position person for perineal care
39. Put on gloves
40. Using clean wash cloth, wash genital area (follow perineal procedure)
41. Assist client to dress and groom
42. Return to position of comfort
43. Lower bed to lowest position (leave side rails up or down as ordered)
44. Clean and put equipment away
45. Wash hands
46. Report/record as directed

5.06 Giving a Backrub

1. Assemble equipment

2. Identify the person
3. Explain the procedure
4. Provide privacy
5. Wash hands
6. Raise the bed to comfortable working position
7. Lower side rail, if it is up
8. Position person in side lying position
9. Place a bath towel lengthwise next to the person's body
10. Put on gloves if skin is not intact, but be aware gloves tend to tear fragile skin
11. Wash the back if skin is moist from perspiration
12. During the care, observe the person's skin for any redness, rash, sores or cuts
13. Rub a small amount of lotion into your hands
14. Begin at the base of the spine, rub up the center of the back to the neck with firm pressure
15. Move around the shoulders and sides of the back
16. Rub down over the buttocks, around and circle back to starting point
17. Use long soothing strokes on the downward strokes
18. Repeat 4 times
19. Repeat long upward strokes but on the downward strokes use a circular motion especially on bony prominences
20. Repeat 4 times
21. Finish back rub with up-and down motions over the entire back.
22. Straighten bed linen

23. Assist person to position of comfort
24. Lower bed to lowest position and raise side rails, if ordered
25. Clean equipment
26. Store equipment as needed
27. Remove gloves, if worn
28. Wash hands
29. Report/record

5.07 Hair Brushing/Combing

1. Wash hands
2. Identify the person
3. Instruct person on the procedure
4. Provide privacy
5. Obtain person's brush or comb
6. Assist person to sitting or Fowler's position
7. If hair is not tangled, brush or comb from scalp to hair ends.
8. If hair is tangled, separate small lock of hair and grasp it firmly with one hand to prevent pulling on scalp. Begin brushing or combing from bottom of lock toward scalp as tangles are removed
9. If hair is kinky or curly, a pic style comb may be used to gently comb hair
10. Arrange hair in style preferred by person
11. Make person comfortable and unscreen
12. Clean brush or comb and return to appropriate place
13. Wash hands

5.08 Nail Care (Hands and Feet)

1. Assemble equipment
2. Identify the person
3. Instruct person on the procedure (even if person does not respond)
4. Provide privacy
5. Wash hands
6. Assist person to sitting position
7. Help person wash hands
8. Soak nails for ten to twenty minutes in warm water, if nails are brittle
9. Dry hands thoroughly
10. Clean under finger nails with orange wood stick
11. Push cuticles back toward fingers
12. Clip finger nails straight across
13. File nails until smooth with round corners
14. Apply lotion to person's hands
15. Wash person's feet as directed
16. Soak feet (nails) for ten minutes in warm water
17. Clean under nails with new orange wood stick
18. Trim nails straight across
19. File nails until smooth with new emery board
20. Scrub calloused areas of feet with wash cloth
21. Apply lotion to person's feet

22. Remove gloves

23. Wash hands

24. Report/record as directed, making special note of any abnormalities on either hands or feet

5.09 Oral Hygiene for the Unconscious Person

1. Assemble equipment

2. Identify the person

3. Instruct person on the procedure (even if person does not respond)

4. Provide privacy

5. Wash hands

6. Raise the bed to comfortable working position

7. Lower side rail, if necessary

8. Position person in a side-lying position

9. Place face towel under person's face

10. Place emesis basin near mouth

11. Put on gloves

12. Dip toothette, or glycerin swab (toothbrush if appropriate) in cleaning solution, eliminate excess liquid

13. Separate upper and lower teeth with padded tongue blade

14. Clean entire mouth and all teeth, changing toothette (toothbrush) and/or re-wetting as needed

15. Apply lubricant to lips (if instructed in the plan of care)

16. Clean face with warm wet cloth as needed

17. Clean equipment

18. Store equipment as directed

19. Position person as directed by plan of care

20. Return bed to lowest position and raise side rails, if ordered
21. Remove gloves
22. Wash hands
23. Report/record

5.10 Observing a Person Receiving Intravenous Fluids

1. Identify the person
2. Inform person of the procedure (even if person does not respond)
3. Wash hands
4. Check the person for:
 - a. pain-especially at the IV site
 - b. swelling at the IV site
 - c. redness or discoloration at the IV site
 - d. rashes-anywhere on the body
 - e. anxiety and or restlessness
 - f. skin temperature changes surrounding site
 - g. bleeding at site
 - h. report any of the above immediately
5. Check vital signs and report immediately if they are different from the person's usual
6. Look at the tubing and check for:
 - a. leaking
 - b. kinks
 - c. tangles
 - d. blocked flow from anything lying on it (including the person)
 - e. report any of the above immediately

5.11 Undressing and Dressing a Person Who has Limited Use of Limbs

1. Identify person and explain procedure
2. Provide clothing or assist with selection
3. Provide privacy
4. Wash hands
5. Assist person to a supine position

6. If person has affected side, begin undressing on strong side first
7. Remove person's upper clothing by pulling off of one arm at a time
8. Remove person's lower clothing by pulling off of one leg at a time
9. Place removed clothing properly for laundry or reuse
10. If person has a weak side, begin to dress on weak side first
11. Assist with underclothing as needed
12. Undo all fasteners of clothing to be put on
13. Assist person to put on pants:
 - a. gather pant leg of furthest leg, lift person's leg at ankle and pull pant leg over person's foot
 - b. repeat for other leg
 - c. pull pants up legs as far as possible
 - d. have person lift buttocks or roll to side to pull pants up to waist
 - e. fasten pants as needed
14. Assist person to put on top (opening at front):
 - a. gather sleeve, grasp person's weak arm at wrist and slide sleeve over arm
 - b. have person roll toward you and tuck garment beneath person's back
 - c. have person roll away from you and pull garment through toward you
 - d. gather sleeve and place over person's arm
 - e. adjust garment and fasten as needed
15. Assist person to put on top (pullover):
 - a. place person's hands in sleeves, starting with weak side
 - b. pull garment up arms
 - c. carefully pull neck opening over person's head
 - d. pull garment down over trunk, adjust and fasten
16. Assist person to put on foot wear:
 - a. carefully pull stockings onto feet

- b. put on shoes or slippers
- c. wash hands

5.12 Application of Anti-embolic Stockings

1. Obtain Stockings
2. Wash hands
3. Identify person
4. Explain procedure
5. Raise bed to proper working height
6. Have person lying in bed with legs elevated or level with pelvis; supine position
7. Grasp stockings from top and turn inside out to the ankle or bunch with right side out.
8. Slide stockings over toes, foot and heel
9. Re-grasp remaining portion of stocking and pull stocking up to knee
10. Release gently; do not snap
11. Check to be sure stockings are smooth and wrinkle free; toes are easily accessible/visible
12. Wash hands
13. Report/record

5.13 Making an Unoccupied Bed (Closed)

1. Wash hands
2. Collect linen and place it in a clean, convenient location
3. Raise bed to a level for best body mechanics
4. Remove bedspread and place in clean area if it will be reused
5. Remove soiled liner and place in appropriate location

6. Put mattress pad on so that it is even with top of mattress
7. Unfold bottom contour sheet without shaking it and place on bed so that sheet's hem stitching is toward mattress
8. Place sheet's top and bottom corners over mattress corners
9. Place remainder of bottom sheet toward other side of bed
10. Place plastic bed protector in middle of bed, if used
11. Place cotton drawsheet (if used) over plastic protector, making sure protector is completely covered and tuck under mattress on near side
12. Unfold top sheet without shaking it and place so that center crease is in middle of bed and large hem is even with top of mattress
13. Open the sheet but do not tuck it in. The hem stitching should be to the outside
14. (optional) Place the blanket on the bed so that center crease is in the middle and upper hem is 6-8 inches from top of bed and open blanket on your side of bed
15. Place bedspread on bed so that center crease is in the middle, unfold your side making sure it is even and cover the other linen
16. Tuck bedspread, blanket, and top sheet together smoothly and tightly at the bottom bed corner near you and make a mitered corner
17. Go to the other side and pull the bottom contour sheet corners over the corners of the bed so that there are no wrinkles
18. Pull draw and protector sheets tight and tuck them in so that there are no wrinkles
19. Straighten all top linen from top to bottom and tuck them in at bottom and make a mitered corner
20. Turn the top linen down about 6 inches at the head of the bed to make room for the pillow
21. Change the pillowcase without contaminating it using approved method

22. Place the pillow on the bed so that the open end is away from the door and the seam is toward the head of bed
23. Attach the call light to the bed and lower the bed to its lowest position
24. Place the dirty linen in proper area
25. Wash hands
26. To open the bed fold the linens to the foot

5.14 Making an Occupied Bed

1. Explain to person what you are going to do and provide privacy
2. Arrange linen and hamper conveniently
3. Wash hands and don gloves if linens are contaminated
4. Raise side rails and raise bed to provide proper body mechanics for yourself and lower head of bed to make bed as flat as possible
5. Lower side rail only on side you are working on
6. Loosen top linens from foot of bed and place spread and blanket (if used) in hamper separately or in clean location if they will be reused
7. Provide privacy with top sheet or bath blanket and position person on his/her side on the side of the bed away from you. Place pillow for comfort
8. Loosen the bottom linens, separately fold linens that will be changed toward person and tuck under person
9. If mattress pad is changed, place clean pad on side of bed near you and fan-fold toward person. Be sure there are no wrinkles
10. Place bottom fitted sheet on mattress pad so that stitching is away from person, pull nearest corners into place and fan-fold toward person. Smooth any wrinkles
11. If used, place the plastic protector on the middle portion of the bed and fan-fold toward the person. Tuck under mattress and smooth any wrinkles
12. If used, place the cotton draw sheet on the middle portion of the bed and fan-fold toward the person. Tuck under mattress and smooth any

wrinkles

13. Raise side rail. Go to other side of bed and lower side rail
14. Assist the person to roll toward the opposite side of the bed and position the person facing the side rail. Adjust pillow for comfort and provide privacy
15. Remove bottom linens individually and place in hamper
16. Pull mattress pad toward you and smooth any wrinkles
17. Pull clean bottom sheet toward you, pull corners into place and smooth any wrinkles
18. Pull plastic protector and cotton draw sheet toward you and tuck under mattress. Smooth any wrinkles
19. Position person in supine position in the middle of the bed and adjust pillow
20. Unfold top sheet without shaking it and place so that center crease is in middle of bed, large hem is even with top of mattress and hem stitching is to the outside
21. Have person hold it or tuck it under person's shoulders and remove privacy cover and place in hamper
22. Place the blanket on the bed so that center crease is in the middle and upper hem is 6-8 inches from top of bed and unfold to cover person
23. Place bedspread on bed so that center crease is in the middle and unfold your side making sure it is even and covers person
24. Turn top sheet and blanket top edges down over spread to make a cuff
25. Tuck bedspread, blanket (if used), and top sheet together at the bottom bed corner near you and make a mitered corner. Be sure the linens are loose enough so that the person's feet have room to move

26. Raise the side rail, go to the other side, lower the side rail and smooth the top linens over the person
27. Tuck the top linens under the mattress and make a mitered corner
28. Change the pillow case without contaminating it using approved method
29. Position the side rails as ordered, attach the call signal, return the bed to its lowest position and make sure the person is comfortable
30. Place soiled linen in proper area
31. Wash hands

5.15 Serving Meal Trays

1. Wash hands
2. Check tray with dietary card to make sure meal is correct
3. Identify person and assist to sitting or Fowler's position
4. Offer warm wet washcloth
5. Place tray on table and adjust table height
6. Remove food from tray if person prefers
7. Assist person as needed to open containers, cut meat, etc. and place silver and napkin within reach
8. When person is finished, record percent of meal eaten and I&O as needed and remove tray
9. Assist with clean up as needed and provide for person's comfort
10. Wash hands
11. Report/record

5.16 Feeding a Helpless Person

1. Wash hands

2. Identify person and explain procedure
3. Assist person to a safe, comfortable sitting position. Offer warm wash cloth to clean hands
4. Place tray on table in front of person. Check tray with dietary card to make sure meal is correct
5. Place napkin or clothing protector across person's chest
6. Open containers and prepare food
7. Inform person about food on tray
8. Serve food as required/requested by person. Avoid touching food with fingers unless gloves are worn
9. Make eating as pleasant as possible by; checking with person about food temperature, serving small amounts from tip of spoon, offering straws for fluids, alternating solids and liquids, not rushing, communicating
10. Observe person for signs of choking
11. Encourage food intake but do not force
12. Measure and record percentage of meal taken and I&O as needed
13. Remove tray
14. Be sure person's mouth is clear of food
15. Provide for comfort and safety
16. Wash hands
17. Report/record

5.17 Taking Blood Pressure

1. Wash hands
2. Identify person and explain procedure
3. Provide privacy

4. Assemble equipment and clean ear pieces and diaphragm of stethoscope with alcohol
 5. If possible, place person in sitting position with arm comfortably supported and palm of hand up
 6. Raise sleeve above elbow
 7. Palpate to locate brachial pulse
 8. Wrap cuff around arm, positioning 1-2 inches above elbow and centering arrow on cuff over brachial artery. Cuff should be snug and smooth but not tight
 9. Close valve on pressure valve and place stethoscope in ears
 10. Place diaphragm of stethoscope on brachial pulse location
 11. Inflate cuff and listen for sound of pulse. Observe dial and pump up 30 mm above where pulse sound stops
 12. Open valve slowly and release pressure in cuff steadily and gradually. When first thumping sound is heard, note number on dial. This is the systolic pressure and will be the top number of the BP recording
 13. Continue releasing pressure until sound disappears. This is the diastolic pressure and will be the bottom number of the BP recording
 14. Release remaining air and remove cuff
 15. Record your findings
 16. Make the person comfortable and unscreen
 17. Clean the stethoscope and replace the equipment
 18. Wash hands
 19. Report/record
- 5.18 Taking a Radial Pulse
1. Wash hands
 2. Explain procedure to person

3. Place person in comfortable position with arm well supported
4. Place tips of first three fingers (not thumb) over radial artery on thumb side of person's wrist
5. When pulse is felt count for 1 minute (or 30 seconds and multiply x 2)
6. Return person to comfortable position
7. Wash hands
8. Record/report

5.19 Counting Respirations

1. Do not indicate to person that you are counting respirations. This might effect their of breathing (continue to hold person's hand as if you were still counting pulse)
2. Observe rise and fall of person's chest and count respirations for 1 minute (or 30 seconds and multiply x 2, when recording)
3. Note rhythm and characteristics of breathing
4. Assist person to comfortable position as needed
5. Record/report

5.20 Taking an Oral Temperature with Electronic Thermometer

1. Assemble equipment and clean as needed
2. Wash hands
3. Identify person and explain procedure
4. Ask if person has had anything to eat, drink or smoke in the last 20 minutes. If so, postpone taking temperature
5. Put on gloves
6. Place protective sheath over thermometer
7. Place thermometer in person's mouth making sure it is under the the tongue. Ask person to keep lips closed but not to bite the thermometer
8. Be sure the thermometer stays in place until it beeps

9. Clean and replace equipment
10. Remove gloves and wash hands
11. Report/record

6.0 Skills Relating to Exercise and Activity

A. Content Units = 162

B. Intended Outcome:

Given instruction on positioning, range of motion, moving a person up in bed, ambulation, and transfer to a wheelchair/chair, the student will be able to demonstrate the tasks presented with 100% accuracy.

C. Tasks:

6.01 Sidelying/Semi-sidelying Positions

1. Collect equipment
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy
6. Adjust bed to a comfortable working height
7. Assist person to side of bed opposite the side the person will be facing
8. Apply padding and/or splints as ordered
9. Turn person onto side
10. Place support pillow behind back
11. Position pillow to support head and neck in level position
12. Adjust lower shoulder to prevent direct body pressure upon it
13. Straighten lower leg
14. Flex upper leg and place in front of lower leg on pillow or pillows to prevent contact with lower leg and to support it level from hip to foot. For semi-sidelying, place straightened upper leg behind lower leg, supported on pillow or pillows

15. Position lower arm with appropriate elbow flexed and palm up or with elbow straight and arm along side of body to promote comfort
16. Support upper arm with pillow, in front of body for sidelying or behind body for semi-sidelying
17. Be sure the person is comfortable
18. Place call light within reach
19. Use side rails as ordered
20. Return bed to lowest horizontal position
21. Remove privacy screen
22. Wash hands
23. Report/record

6.02 Supine Position

1. Assemble equipment
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy
6. Adjust bed to a comfortable working height
7. Center person on flat mattress with arms and legs extended
8. Position pillow to support head and neck in level position
9. Apply padding and/or splints as ordered
10. Place trochanter rolls to prevent external rotation of hips, if necessary
11. Separate legs with pillow or abduction wedge, if needed

12. Using footboard and/or pillow, support feet to prevent plantar flexion (foot drop)
13. Place small pad under knees, as needed for comfort, without causing knee flexion
14. Place hand rolls if in plan of care
15. Be sure person is comfortable
16. Place call light within reach
17. Use side rails as ordered
18. Lower bed to lowest horizontal position
19. Remove privacy screen
20. Wash hands
21. Report/record

6.03 Fowler's Position

1. Assemble equipment
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy
6. Adjust bed to a comfortable working height
7. Center person on mattress, in supine position with hip joints directly above the joint on bed frame
8. Apply padding and/or splints as ordered
9. Raise head of bed to a 45-60 degree angle
10. Position pillow behind head, preventing neck flexion

11. Separate legs with pillows or abduction wedge, if needed
12. Using footboard and/or pillow, support feet to prevent plantar flexion (foot drop)
13. Place small pad under knees, as needed for comfort, without causing knee flexion
14. Support arms on pillows, keeping shoulders level
15. Be sure person is comfortable
16. Place call light within reach
17. Use side rails as ordered
18. Lower bed to lowest horizontal position
19. Remove privacy screen
20. Wash hands
21. Report/record

6.04 Sim's Position

Note: The Sim's position may need to be modified for person's that would experience discomfort in this position. Check with your charge nurse for directions.

1. Collect equipment
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy
6. Adjust bed to a comfortable working height
7. Apply padding and/or splint as ordered
8. Assist person to right side of bed

9. With palm of hand down, gently tuck left arm under body
10. Turn person to left side (left arm will be behind body)
11. Adjust left shoulder and arm for comfort
12. Sharply flex right leg and support on pillow
13. Position pillow to support head and neck in level position
14. Support right arm on pillow in comfortable position
15. Be sure the person is comfortable
16. Place call light within reach
17. Use side rails, as ordered
18. Return bed to lowest horizontal position
19. Remove privacy screen
20. Wash hands
21. Report/record

6.05 Range of Motion Exercises

1. Assemble equipment
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy
6. Adjust bed to a comfortable working height
7. Cover person with bath blanket, pull down top linens
8. Place person in a supine position with arms and legs extended
9. Remove pillow if person's condition allows

Use extreme caution when moving neck. If possible clients should do neck ROM for themselves.

10. Neck Flexion and Extension – gently move head, chin to chest, then back to neutral position—repeat 5 times
11. Neck Right/Left Rotation – Gently rotate head; chin to right shoulder, neutral position, chin to left shoulder, neutral position—repeat 5 times
12. Neck Right/Left Lateral Flexion – Gently move head; right ear to right shoulder, neutral position, left ear to left shoulder, neutral position—repeat 5 times
13. Return pillow
14. Shoulder Flexion and Extension – Holding the person's wrist and elbow, raise the arm straight in front and over head, then bring arm down to side—repeat 5 times
15. Shoulder Abduction and Adduction – Holding the person's wrist and elbow, move straight arm away from the side of the body then back to the side—repeat 5 times
16. Shoulder Internal and External Rotation – Bend the elbow at a 90 degree angle level with shoulder, supporting elbow and wrist move the forearm towards foot of bed with palm down, then towards head of bed with palm up—repeat 5 times
17. Elbow Flexion and Extension – Holding the person's wrist and elbow along side the body, bend elbow so hand touches shoulder, the straighten the arm—repeat 5 times
18. Forearm Supination and Pronation – With arm along side body, bend elbow to 90 degrees. Turn forearm so palm faces head of bed, then so palm faces foot of bed
19. Wrist Flexion and Extension – With elbow bent at 90 degrees, hold wrist with both of your hands, bend client's hand at wrist down, straighten wrist, bend hand at wrist back, then straighten client's wrist—repeat 5 times
20. Ulnar and Radial Deviation – With elbow bent at 90 degrees, bend hand at wrist from side to side—repeat 5 times
21. Finger Flexion and Extension – Make a fist, then straighten fingers—repeat 5 times

22. Individual Finger Flexion and Extension – Touch tip of each finger to its base, then straighten each finger—repeat 5 times
23. Finger Adduction and Abduction – With fingers straight, squeeze fingers together, then spread them apart—repeat 5 times
24. Finger/Thumb Opposition – Touch the tip of each finger to the tip of the thumb, to make an “O”. Open hand fully between touching each finger—repeat 5 times
25. Straight Leg Raises – Supporting the lower calf and back of knee, keep knee straight and raise leg off bed, then return to bed—repeat 5 times
26. Hip Abduction and Adduction – Supporting leg at ankle and knee, with knee pointing up, draw leg out to side, then back to touch across other leg—repeat 5 times
27. Hip Internal and External Rotation – With leg flat on bed, turn the leg so that the knee turns out away from the body, then back in towards the body—repeat 5 times
28. Hip/Knee Flexion and Extension – Supporting leg at foot/heel and calf bend knee to chest and then straighten leg back onto bed—repeat 5 times
29. Ankle Dorsiflexion and Plantar Flexion – Supporting heel, bend foot so that toes point to head then down towards foot of bed—repeat 5 times
30. Foot Supination and Pronation – Turn sole of foot inward, then sole of foot outward—repeat 5 times
31. Toe Flexion and Extension – Curl toes down then straighten—repeat 5 times
32. Cover person with top linens and remove bath blanket
33. Return bed to lowest horizontal position
34. Be sure person is comfortable
35. Place call light within reach

36. Use side rails as ordered
37. Remove privacy screen
38. Dispose of dirty linen as directed
39. Wash hands
40. Report/record

6.06 Moving a Person up in Bed with Person's Assistance

1. Wash hands
2. Identify person
3. Explain the procedure
4. Determine person's ability to assist with move
5. Provide privacy
6. Lock bed wheels
7. Adjust bed to a comfortable working height, with head of bed as flat as the person can tolerate
8. Raise side rail on opposite side
9. To protect the person's head, place a pillow against head board
10. Have person bend knees with feet flat on mattress
11. Place one arm under the person's shoulder blades and other arm under buttocks
12. Stand in a sideways lunge position, with knees and hips flexed and body weight over rear leg
13. Instruct person, on the count of three, to push self to head of bed by pushing feet into mattress and using hands on mattress or hand on side rail
14. On three, shift your body weight from rear leg to front leg, keeping shoulders in line with hips. Do not lift person, just allow him/her to slide up sheet on your forearms

15. Repeat tasks 12 through 14 until proper position is achieved
16. Replace pillow under person's head
17. Be sure person is comfortable
18. Lower bed to lowest horizontal position
19. Place call light within reach
20. Use side rails as ordered
21. Remove privacy screen
22. Wash hands

6.07 Moving a Person Up in Bed Using a Turn Sheet

1. Obtain assistance from another staff member
2. Obtain a turn sheet , if not already on bed
3. Wash hands
4. Identify person
5. Explain procedure
6. Provide privacy
7. Lock bed wheels
8. Adjust bed to a comfortable working height, with head of bed as flat as the person can tolerate
9. Position turn sheet under person, from shoulders to upper thighs
10. To protect the person's head, place the pillow against the head board
11. Bend the person's knees, to decrease weight of legs
12. Each caregiver rolls the turn sheet up to side of body and grasp turn sheet at level of shoulder blades and trochanter

13. Each caregiver stands in sideways lunge position, with knees and hips flexed and body weight over rear leg
 14. On the count of three, shift body weight from rear leg to front leg, keeping elbows at side and shoulders in line with hips. Do not lift person, just allow him/her to slide up bed on sheet
 15. Repeat tasks 11 through 14 until proper position is achieved
 16. Remove turn sheet
 17. Replace person's pillow under head
 18. Be sure person is comfortable
 19. Return bed to lowest horizontal position
 20. Place call light within reach
 21. Use side rails as ordered
 22. Remove privacy screen
 23. Dispose of dirty linen as ordered
 24. Wash hands
- 6.08 Ambulation of a Person Using a Gait Belt
1. Obtain gait belt
 2. Wash hands
 3. Identify person
 4. Explain procedure
 5. Assure person is wearing non slip footwear and appropriate clothing
 6. With person seated, apply gait belt
 7. Assist person to standing position
 8. Position self on person's left side, unless person has right-sided weakness

9. With hand closest to person, grasp gait belt on person's far side
10. Grasp gait belt with other hand on closest side
11. Stand slightly behind person
12. Allow person to begin walking, walk in step with him/her
13. Cue person to use good posture, look ahead and to walk without shuffling
14. Know distance to be walked
15. Monitor person's tolerance
16. Assist person to sitting, when ambulation completed
17. Remove gait belt
18. Be sure person is comfortable
19. Place call light within reach, if in person's room
20. Wash hands
21. Report/record

6.09 Ambulation of a Person with a Cane

1. Obtain gait belt and cane
2. Wash hands
3. Identify person
4. Explain procedure
5. Assure person is wearing non-slip footwear and appropriate clothing and that cane is in good repair
6. With person seated, apply gait belt
7. Assist person to standing position using proper gait belt procedure
8. Have person use cane on strong side, while you provide support with gait belt on weak side

9. Assist with gait pattern ordered or cue cane forward 6-10 inches, client's weak leg goes forward even with cane, strong leg brought forward and slightly ahead of cane and weak leg
10. Cue person to use good posture, look ahead and to walk without dragging weak foot
11. When going down stairs, cue cane and weak side first, then strong side, one step at a time
12. When going up stairs, cue strong side first, then cane and weak side, one step at a time
13. Know distance to be walked
14. Monitor person's tolerance
15. Assist person to sitting, when ambulation complete
16. Remove gait belt
17. Be sure person is comfortable
18. Place call light within reach, if in person's room
19. Store cane, as appropriate
20. Wash hands
21. Report/record

6.10 Ambulation of a Person with a Walker

1. Obtain gait belt and walker
2. Wash hands
3. Identify person
4. Explain procedure
5. Assure person is wearing non slip footwear and appropriate clothing and walker is locked in position and is in good repair

6. With person seated, apply gait belt
7. Place walker in front of person
8. Assist person to stand, grasp hand rests and move into walker
9. Provide support on weak side and slightly behind person while grasping gait belt
10. Cue person to use good posture and look ahead
11. Have person lift walker and move it out to arm's length or until back legs of walker are even with toes
12. Instruct person to use walker for support and take 2 steps into walker
13. Know distance to be walked
14. Monitor person's tolerance
15. Assist person to sitting, when ambulation complete
16. Remove gait belt
17. Be sure person is comfortable
18. Place call light within reach, if in person's room
19. Store walker appropriately
20. Wash hands
21. Report/record

6.11 Assisting a Person to a Wheelchair/Chair

1. Obtain gait belt, wheelchair/chair and appropriate positioning aids
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy

6. Place foot pedals in up position and remove from wheelchair
7. Position wheelchair/chair on person's strongest side and parallel to bed.
8. Lock wheelchair wheels and be sure chair is in good repair
9. Assure person is wearing non-slip footwear and appropriate clothing. Lock bed wheels and lower bed to lowest position
10. Assist person to slowly come to sitting on edge of bed
11. When stable, apply gait belt and position person's feet shoulder width apart, flat on floor and slightly bent knees
12. Standing in front of person with good base of support, grasp gait belt with both hands at each side of person
13. Have person place hands on bed
14. Lean person's upper body so head is over knees. It may help to rock person to count of three
15. When ready, cue person to push off bed with hands and push upwards straightening knees
16. Assure good standing balance and keep person's body close to yours
17. When balanced, adjust your footing to allow person to pivot to chair
18. Cue resident to turn slowly and reach for far arm of chair
19. Have person back up until back of legs touch chair
20. Assist person to sitting. Instruct to reach back for other chair arm and slowly lower himself/herself to sitting. Use your weight to counter balance his/her weight, to prevent sitting down too hard
21. Replace foot pedals on wheel chair
22. Assist person to position self correctly in chair
23. Remove gait belt

24. Apply positioning aids as ordered

25. Be sure person is comfortable

26. Remove privacy screen

27. Place call light within reach

28. Wash hands

29. Report/record

7.0 Skills Relating to Elimination

A. Content Units = 77

B. Intended Outcome:

Given instruction on giving and removing bedpans, giving and removing urinals, catheter care and removal, and changing bedside drain bags, the student will be able to demonstrate the tasks presented with 100% accuracy.

C. Tasks:

7.01 Giving a Bedpan

1. Assemble equipment
2. Identify the person
3. Instruct person on the procedure
4. Provide privacy
5. Wash hands
6. Put on gloves
7. Raise the bed to comfortable working position
8. Lower side rail, if necessary
9. Warm the bedpan if needed by running warm water over it
10. Dry the bedpan with paper towels
11. Fold back the top sheets so that they are out of the way
12. Raise the person's gown, or pull their pants/pajama bottoms down (maintaining privacy and warmth)
13. Ask person to bend his/her knees with feet flat on the mattress
14. Instruct the person to raise hips (assist if necessary)
15. Place the protective pad and bedpan into position

- a. fracture pan with small end toward head
- b. regular pan with rounded end toward head

16. If person cannot raise hips, turn her/him away from you
17. Place pan firmly against buttocks
18. Holding bedpan firmly in place, assist person to roll onto back and the bedpan
19. Replace covers over person
20. If feasible, raise head of bed so person is in comfortable sitting position
21. Put toilet tissue and call light within reach
22. Raise side rail if ordered by physician
23. Lower bed to lowest position
24. Dispose of gloves
25. Wash hands
26. Leave room to provide privacy, if appropriate
27. Record/report

7.02 Removing a Bedpan

1. Wash hands
2. Put on gloves
3. Raise bed to comfortable working position and lower lead of bed, if it is up
4. Help person to raise hips or turn off of pan
5. Remove pan
6. Clean person's anal area with toilet tissue or warm wash cloth and offer warm wet washcloth for hand cleaning
7. Cover pan with appropriate cover

8. Measure urine if ordered
9. Note color and quality of urine
10. Note amount, color and odor of feces
11. Empty pan in toilet
12. Clean bedpan following your institutions procedure
13. Put equipment away
14. Remove gloves
15. Wash hands
16. Lower bed to lowest position
17. Report/record

7.03 Giving a Urinal

1. Assemble equipment
2. Identify the person
3. Instruct person on the procedure
4. Provide privacy
5. Wash hands
6. Put on gloves
7. Raise the bed to comfortable working position
8. Lower side rail, if necessary
9. Assist person to position urinal, if needed
10. Ask the person to signal when he is done and place call light within reach
11. Leave the room to provide privacy, if his condition allows
12. Dispose of gloves

13. Wash hands

14. Report/record

7.04 Removing Urinal

1. Wash hands

2. Put on gloves

3. Explain procedure to person

4. Raise bed to comfortable working height

5. Remove the urinal and offer warm wet wash cloth for hand cleaning

6. Cover the urinal

7. Lower bed to lowest position

8. Take urinal to the bathroom

9. Check the urine appearance and measure the amount

10. Empty urinal into the toilet

11. Rinse the urinal

12. Replace equipment

13. Remove gloves

14. Wash hands

15. Report/record

7.05 Indwelling Catheter Care

1. Assemble equipment

2. Wash hands

3. Identify person

4. Explain procedure

5. Provide privacy
6. Adjust bed to a comfortable working height
7. Drape and position person as you would for perineal care
8. Place a waterproof pad or a towel under the person
9. Put on disposable gloves
10. For female: separate labia with thumb and forefinger, with moist soaped washcloth, gently wash down one side of meatus and catheter, from front to back, change to clean area of wash cloth and wash down other side of meatus and catheter. Then, anchoring catheter between two fingers, wash from meatus down catheter tubing four inches, with clean part of washcloth. Rinse with clear water in the same manner you washed
11. For male: if uncircumcised, retract foreskin gently. With soaped washcloth, wash tip of penis in circular motion from meatus outward. Change to clean area of washcloth to repeat. With clean area of washcloth wash four inches of catheter from meatus down, while anchoring catheter. Rinse with clear water in the same manner you washed. Return foreskin to original position
12. For both male and female finish by washing the rest of the perineum and buttocks as you do for perineal care. Use top half of folded towel to dry.
13. Remove towel or pad
14. Assure that bed linen is dry and catheter tubing is secured to upper thigh by appropriate means
15. Reposition person and assure comfort
16. Coil and secure catheter bag tubing to bed
17. Remove gloves
18. Cover person with top linens and remove bath blanket
19. Use side rails as ordered
20. Return bed to lowest horizontal position

21. Place call light within reach
22. Remove privacy screen
23. Clean equipment and return to proper place
24. Dispose of dirty linens as directed
25. Wash hands
26. Report/record

7.06 Emptying Catheter Drain Bag

1. Obtain equipment
2. Wash hands
3. Identify person
4. Explain the procedure
5. Provide privacy
6. Put on gloves
7. If setting measuring container on floor, place on paper towel
8. Position drain tube over container, assuring no part of drain tube touches container
9. Open drain tube clamp and empty bag completely
10. Close clamp and replace tube in holder on bag, if one is present
11. Measure urine
12. If urine smells or appears abnormal, ask nurse to assess
13. Empty urine into toilet and clean container as directed
14. Store measuring container where appropriate
15. Remove gloves
16. Wash hands

17. Report/record

7.07 Removal of an Indwelling Catheter

1. Obtain equipment
2. Wash hands
3. Identify person
4. Explain the procedure
5. Provide privacy
6. Put on gloves
7. Empty and measure urine from catheter bag, as ordered
8. Remove gloves
9. Wash hands
10. Adjust bed to comfortable working height
11. Drape and position the person as with perineal care
12. Place protective pad under buttocks to protect linens
13. Put on gloves and drain urine from bag
14. Remove catheter tubing from catheter secure strap on thigh
15. Check balloon size(how many cc's) on catheter
16. Place clean, open garbage bag between person's legs
17. Remove catheter bag from side of bed and place in garbage bag, do not raise bag above level of bladder
18. Insert closed syringe into water lumen valve and withdraw all water from balloon
19. With small amount of toilet tissue, press against meatus as you pull gently on catheter. If resistance is felt, attempt to remove more water from balloon.

20. Try to remove again. If resistance continues, contact nurse
21. As catheter is removed ask person to take a deep breath
22. Dry person with toilet tissue
23. Place catheter, tissue and syringe in garbage bag and tie bag closed
24. Remove towel
25. Remove gloves
26. Reposition person and assure comfort
27. Cover person and remove bath blanket
28. Return bed to lowest horizontal position
29. Place call light within reach
30. Use side rails as ordered
31. Remove privacy screen
32. Dispose of dirty linens per policy
33. Dispose of garbage bag per policy
34. Wash hands
35. Report/record

7.08 Changing from a Bedside Drain Bag to a Leg Bag, Using Clean Technique

1. Collect equipment
2. Wash hands
3. Identify person
4. Explain procedure
5. Provide privacy

6. Apply gloves
7. Empty bedside drain bag
8. Remove gloves
9. Wash hands
10. Adjust bed to a comfortable working height
11. Drape person as for perineal care
12. Place bed protector or towel on bed
13. Apply clean gloves
14. Remove catheter from catheter secure strap
15. Place leg bag on bed protector
16. Open alcohol wipes and place one on bed protector. With the other, clean the connection thoroughly
17. Clamp catheter by pinching off with fingers as you separate it from the bedside drain bag tubing. Do not touch opening of catheter
18. Place bedside drain bag in basin
19. With remaining alcohol wipe, cleanse the opening of the catheter and the connection of the leg bag tubing and connect together
20. Re-secure catheter to catheter secure strap
21. Strap leg bag to calf, keeping the bag below the level of the bladder
22. Remove protective pad from bed
23. Set basin aside
24. Remove gloves
25. Return bed to lowest horizontal position
26. Wash hands
27. Assist person in getting up

28. Disinfect bedside drain unit per policy

29. Report/record

To replace beside drain bag, follow the same procedure.

8.0 Skills Relating to Collection of Specimens

A. Contents Units = 10

B. Intended Outcome:

Given instruction on preparing an occult blood testing slide, the student will be able to demonstrate the tasks presented with 100% accuracy.

C. Tasks:

8.01 Preparing the Occult Blood Testing Slide

1. Wash hands
2. Identify person
3. Explain procedure
4. Apply gloves
5. Assist person in collecting stool, as needed
6. Open front flap of slide
7. With tongue blade or stick provided obtain a small amount of stool and place a thin smear of stool in small box labeled "A"
8. Cover used end of stick with toilet tissue
9. Using clean end of stick repeat task 7 for small box labeled "B". Use stool from different area of sample
10. Close flap and place in clean plastic bag
11. Dispose of stick per policy
12. Dispose of stool collected
13. Clean equipment
14. Remove gloves
15. Wash hands
16. Deliver slide to nurse

17. Report/record

9.0 Unsterile Warm and Cold Applications

There are no specific skills relating to this content unit

10.0 Variations in Nursing Care: Special Nursing Responses

There are no specific skills relating to this content unit.

Student's Name: _____

Final Skills Checklist

The skills listed below are included in the Skills portion of the Idaho Nursing Assistant Curriculum. Each student should demonstrate competency in every area either in the lab or the clinical setting. Competency should be indicated with a check in the appropriate setting box and the instructor's initials and date in the appropriate box and verified through the instructor's signature at the end of the checklist.

#	Skill	Clinical Setting	Laboratory Setting	Initials and Date
1	Interpersonal Communication			
2	Body Mechanics			
3	Hand Washing			
4	Donning an Isolation Gown			
5	Removing an Isolation Gown			
6	Donning and Removing Masks			
7	Donning and Removing Gloves			
8	Denture Care			
9	Helping a person to the Commode			
10	Perineal Care-Female			
11	Perineal Care-Male			
12	Giving a Bed Bath			
13	Giving a Back Rub			
14	Nail Care (Hands and Feet)			
15	Brushing Hair			
16	Oral Hygiene for the Unconscious Person			
17	Observing People Receiving IV Therapy			
18	Undressing and Dressing a Person who has Limited Use of Limbs			
19	Application of Anti-Emboic Stockings			
20	Making an Unoccupied Bed			
21	Making an Occupied Bed			
22	Serving a Meal Tray			
23	Feeding Helpless People			
24	Taking a Blood Pressure			
25	Taking a Radial Pulse			
26	Counting Respirations			

27	Taking an Oral Temperature with an Electronic Thermometer			
28	Side-Lying/Semi Side Lying Positioning			
29	Procedure for Supine Positioning			
30	Fowler's Position			
31	Sim's Position			
32	Range of Motion Exercises			
33	Moving a Person up in Bed with Person's Assistance			
34	Moving a Person up in Bed Using a Turn Sheet			
35	Ambulation of a Person with a Gait Belt			
36	Ambulation of a Person with a Cane			
37	Ambulation of a Person with a Walker			
38	Assisting a Person to a Wheelchair/Chair			
39	Giving a Bed Pan			
40	Removing a Bed Pan			
41	Giving a Urinal			
42	Removing a Urinal			
43	Indwelling Catheter Care			
44	Emptying Catheter Drain Bag			
45	Removal of an Indwelling Catheter			
46	Changing from a Bedside Drain Bag to a Leg Bag, Using Clean Technique			
47	Prepare the Fecal Occult Blood Slide			

Instructor's Signature: _____